

THE BANK OF W ORLEANS 10/18 1975 650 \$429, 22 PAY TO THE ORDER OF - center DOLLARS JIM GARRISON ATTORNEY AT LAW FOR Add -1:0650-00721 1 22 1044 Un



label	Name (If joint return, give first names and initials of both) Last name TIM GARRISON	Your social security number 439 14 7488	For Privacy Act Notification see page 2 of Instruction
form u file.		Spouse's social security no.	For IRS use only
ake al cessar anges	Y City, town or post office, State and ZIP code Place label here	Occu- Yours > ATTOR	Wey
label	NEW ORLEANS, LA. TOT30	pation Spouse's >	
ueste sus E Reve ring	Bureau setc., do you live? limits of the city, town, etc.? Count	what county and State do you 1 ty State RLEANS	you live? (See page 4
1	Single (check only ONE box) 6a Regular	Yourself Spouse bo	ter number of
2		ames of your dependent c	hildren who
3	Married filing separately. If spouse is also filing give spouse's social security number in designated space above and enter full name here ►       Ived with the space above space above the space a	th you	Enter
	and enter full name here C Number	r of other dependents (from li	ne 27) . 5
4	Unmarried Head of Household (See page 5 of Instructions)	add lines 6a, b, and c)	6
-	• e Age 65 o		pouse Enter number of boxes
-5	□ Qualifying widow(er) with dependent child (Year Blind - spouse died > 19 ). See page 5 of Instructions. 7 Total (a	add lines 6d and e)	checked >
8	Presidential Election Do you wish to designate \$1 of your taxes for this fund?	· · · VYes No	Note: If you check the "Yes box(es) it will not increase you
		Yes No	tax or reduce your refund.
	9 Wages, salaries, tips, and other employee compensation (Attach Forms W-2. If able, see page 3 of Instr	uctions.) • • • • • 9	
	10a Dividends (See pages 7 and) \$, 10b Less exclusion \$	Balance > 10c	
ne	(If gross dividends and other distributions are over \$400, list in Pal	rt I of Schedule B.)	
ncome	11 Interest income. If \$400 or less, enter total without listing in If over \$400, enter total and list in Part II of	f Schedule B	
-	12 Income other than wages, dividends, and interest (from line 36		27, 923. 97
	13 Total (add lines 9, 10c, 11, and 12)	c. from line 42)	27, 923.97
	(if less than \$8 15 Subtract line 14 from line 13 (Adjusted Gross Income) structions on "I	1.000, see page 8 of In-	27,923,97
@ 1f	you do not itemize deductions and line 15 is under \$15,000, find tax	x in Tables and enter on line	16a.
	you itemize deductions or line 15 is \$15,000 or more, go to line 43 to AUTION. If you have unearned income and can be claimed as a dependent on your par		d see nave 7 of Instructions
		nedule X, Y, or Z	
		OR Form 4726 16a	2,302.30
Credits	b Credit for personal exemptions (multiply line 6d by \$30)	<u>b</u>	180.00
Cre	c Balance (subtract line 16b from line 16a)	· · · · · · · · <u>c</u>	2,122 30
	17 Credits (from line 54)		2,122. 30
	18       Balance (subtract line 17 from line 16c)		1113. 90
and		20	3,236.20
and	20 Total (add lines 18 and 19)		
and	finelula amount allowed as		amount on line 23 in with this return. Write al security number on
		1/1/1 500	
Payments and	c Earned income credit	che mai	ck or money order and ce payable to Internal
and	c Earned income credit	che mai	ck or money order and ke payable to Internal enue Service.
Payments and	c Earned income credit	che mai Rev	e payable to Internal
e Tax, Payments and	c Earned income credit       c         d Amount paid with Form 4868       d         e Other payments (from line 67)       e         22 Total (add lines 21a through e)       e         23 If line 20 is larger than line 22, enter BALANCE DUE IRS       e		enue Service.
und Tax, Payments and	c Earned income credit       c         d Amount paid with Form 4868       d         e Other payments (from line 67)       e         22 Total (add lines 21a through e)       e         23 If line 20 is larger than line 22, enter BALANCE DUE IRS       e         (Check here ▷       g, if Form 2210F, or statement is attached. See page 8 of International Section 100 (Section 10		enue Service.
und Tax, Payments and	c Earned income credit       c         d Amount paid with Form 4868       d         e Other payments (from line 67)       e         22 Total (add lines 21a through e)       e         23 If line 20 is larger than line 22, enter BALANCE DUE IRS       e         23 If line 20 is larger than line 22, enter BALANCE DUE IRS       e         24 If line 22 is larger than line 20, enter amount OVERPAID       .		enue Service.
und Tax, Payments and	c Earned income credit       c         d Amount paid with Form 4868       d         e Other payments (from line 67)       e         22 Total (add lines 21a through e)       e         23 If line 20 is larger than line 22, enter BALANCE DUE IRS       e         (Check here ▷       g, if Form 2210F, or statement is attached. See page 8 of International Section 100 (Section 10		1,000.00         00           2,041.         90           1,000.00         90
Due Tax, Payments and	c       Earned income credit       c         d       Amount paid with Form 4868       d         e       Other payments (from line 67)       d         22       Total (add lines 21a through e)       e         23       If line 20 is larger than line 22, enter BALANCE DUE IRS       e         24       If line 20 is larger than line 20, enter amount OVERPAID       e         25       Amount of line 24 to be REFUNDED TO YOU       .         26       Amount of line 24 to be credited on 1976 estimated tax.       25		1,000.00         2,041.         90         2,041.         90         1000.00
Refund Tax, Payments and	c       Earned income credit       c       d         d       Amount paid with Form 4868       d       d         e       Other payments (from line 67)       e       d         22       Total (add lines 21a through e)       e       e         23       If line 20 is larger than line 22, enter BALANCE DUE IRS       .         24       If line 20 is larger than line 22, enter BALANCE DUE IRS       .         24       If line 22 is larger than line 20, enter amount OVERPAID       .         25       Amount of line 24 to be REFUNDED TO YOU       .         26       Amount of line 24 to be cred-		1,000.00         2,041.         90         2,041.         90         1000.00

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	nd and	Int	erest Income uctions for Schedules A and B (Form 1040).		197	5
Name(s) as shown on Form 1040	ARRIS	oN			security nur 14 74	
			ictions (Schedule B on back)			
Medical and Dental Expenses (not compensation	ated by insura	ince	Contributions (See page 12 of Instru-	ctions fo	r examples	5.)
or otherwise) (See page 11 of Instructions.)			21 a Cash contributions for which you			Í
1 One half (but not more than \$150) of in- surance premiums for medical care. (Be sure to include in line 10 below)			receipts, cancelled checks or a written evidence			
2 Medicine and drugs	143.		b Other cash contributions. List do and amounts.			
A Subtract line 3 from line 2. Enter differ-						
ence (if less than zero, enter zero) 5 Enter balance of insurance premiums for		-				
raedical care not entered on line 1						
6 Enter other medical and dental expenses: a Doctors, dentists, nurses, etc.	2,716, 360,		22 Other than cash (see page 12 of ins tions for required statement)	truc-		
b Hospitals		1	23 Carryover from prior years			
dentures, eyeglasses, transportation, etc.) >			24 Total contributions (add lines 21a three 23). Enter here and on line 38			
etc.) >			Casualty or Theft Loss(es) (See page Note: If you had more than one loss,	13 of Ins	tructions.)	)
			and see page 13 of Instruction	s for gui	dance.	gn 28
			25 Loss before insurance reimburseme			
			26 Insurance reimbursement 27 Subtract line 26 from line 25. Enter			
			ference (if less than zero, enter zero	» · _		
7 Total (add lines 4 through 6c) 8 Enter 3% of line 15, Form 1040			28 Enter \$100 or amount on line 27, where is smaller			
9 Subtract line 8 from line 7 (if less than zero, enter zero)			29 Casualty or theft loss (subtract line from line 27). Enter here and on line 3			
10 Total (add lines 1 and 9). Enter here and	3,076.	36	Miscellaneous Deductions (See page )		tructions.)	
on line 35			30 Alimony paid . 31 Union dues BAR. ASSOCIATIO	ON -	50.	00
11 State and local income	120-		32 Expenses for child and dependent	care		-
12 Real estate	180.		services (attach Form 2441) 33 Other (itemize) >			-
14 General sales (see sales tax tables)	3,34.	and the second second			4	
15 Personal property		-				
17 Total (add lines 11 through 16). Enter here and on line 36	694.	00	34 Total (add lines 30 through 33). E here and on line 40			
Interest Expense (See page 12 of Instruction	the second se		Summary of Itemized Dedu	uctions		7.1
18 Home mortgage	3,652	00	35 Total medical and dental—line 10		3,076	36
2ND HOME MTGE:	515.	00	36 Total taxes—line 17		694	00
INTEREST ON NO BAK LOAN:	4,200.		37 Total interest-line 20		8,817.	00
HBERNIA BNK INTEREST	450.	00	38 Total contributions—line 24			
(SEE JCHEDULE)			<ul><li>39 Casualty or theft loss(es)—line 29</li><li>40 Total miscellaneous—line 34</li></ul>		50.	00
20 Total (add lines 18 and 19). Enter here	8,817.	00	41 Total deductions (add lines 35 thro 40). Enter here and on Form 1040,		2 637	26

Dependents	(3) NAME JIM R. GARRIJON VIRGINIA CARRIJON LYON CARRIJON EGIZABETH GARRUGH EGIZABETH GARRUGH	(b) Relationship DAUGHTER SON DAUBHTER SON	(c) Months lived in your home. If born or died during year, write B or D. ALL SINCE BIRTH. YOUNDEST IS BYRS. OLD	(d) Did de- pendant have income of \$750 or more? NOWE DID	furn peni port writ	Amount ished fo dent's . If I e ALL. ALL		(f) Amoun nished by ( including ent. \$	OTHEF depen
Dep						_			
_	27 Total number of dependents Income other than Wa			e 6c	• •	• •		· · · Þ	12
	LaLease						-	2	100
	Business income or (loss) (attach					28		7,223	- 7
	Net gain or (loss) from sale or exch				•	29a 29b		700.	00
	50% of capital gain distributions (n					30			
	Net gain or (loss) from Supplement					31a			
12/22/10/10	Pensions, annuities, rents, royalties					31b			
	Fully taxable pensions and annuities		and the second second second second	Contraction of the second second		32			-
	Farm income or (loss) (attach Sche				-	33			
	State income tax refunds ( does not standard					34			
-	Alimony received	e page Q of Instru	ctions) >			1.42			-
5 .(	Uther (state nature and source—se	e page 5 or motio	c((0))			35			
5 1	Fotal (add lines 28 through 35). En	ter here and on li	ne 12		*	36	2"	1923	- 9
	Adjustments to Income		and the second					pare	
-	'Sick pay." (attach Form 2440 or o		ement)	Sentile Station .		37	2)		1
	Moving expense (attach Form 3903			104 (1991) 2 (1977) 2	10	38			
	Employee business expense (attach			and the later	1 2	39			-
	Payments to a Keogh (H.R. 10) retir					40a			
b f	Payments to an individual retirement	it arrangement fro	m attached Form 5329,	Part III		40b			
	Forfeited interest penalty for prema					_41			
	Total (add lines 37 through 41). En				>	42			
:a	Tax Computation (Do n	ot use this part if	you use the Tax Tables	s to find your ta	x.)				
	Adjusted gross income (from line 1 ) If you itemize deductions, check and attach Schedule A					43	2'	,923.	9
(1	and attach conclude it it	and line 15 is \$15.	000 or more check here	► □ and:	1			- 100	-
1.	If box on line 2 or 5 is checked,	enter 16% of line	15 but not more than \$	2,600; if box	•			2,637.	3
	on line 1 or 4 is checked, enter 5			\$1,300 J	-	AF		01	4
5 5						45		5,286 .	0
	a set to the state of the set of	a statement with them. W			1.1	AC			_
	Multiply total number of exemptions					46	4	1,500.	00
	Taxable income. Subtract line 46 fr	om line 45				47	10	,786.	_
		om line 45 t on line 47 by us	ing Tax Rate Schedule	X. Y. or Z. or if	apol	47	4 / e	,784 .	00
1	Taxable income. Subtract line 46 fr (Figure your tax on the amount tax from Schedule D, income an	om line 45 t on line 47 by us veraging from Sch	ing Tax Rate Schedule a edule G, or maximum ta	X. Y. or Z. or if	apol	47	4 / e	,784 .	00
1	Taxable income. Subtract line 46 fr (Figure your tax on the amount tax from Schedule D, income and 8 Retirement income credit (attac	om line 45 t on line 47 by us veraging from Sch h Schedule R) .	ing Tax Rate Schedule edule G, or maximum ta	X. Y. or Z. or if	apol	47 icable, t Enter ta	4 / e	,784 .	00
	Taxable income. Subtract line 46 fr (Figure your tax on the amount tax from Schedule D, income av 8 Retirement income credit (attact 9 Investment credit (attach Form 3	om line 45 t on line 47 by us veraging from Sch h Schedule R) . 3468)	sing Tax Rate Schedule edule G, or maximum ta	X, Y, or Z, or if x from Form 47	apol	47 icable, f Enter ta 48	4 / e	,784 .	00
4 4 5	Taxable income. Subtract line 46 fr (Figure your tax on the amount tax from Schedule D, income and 8 Retirement income credit (attac	om line 45 t on line 47 by us veraging from Sch h Schedule R) . 3468) 1116)	sing Tax Rate Schedule edule G, or maximum ta	X, Y, or Z, or if x from Form 47	apol	47 icable, t Enter ta 48 49	4 / e	,784 .	00
4 4 5 5	Faxable income. Subtract line 46 fr         (Figure your tax on the amount tax from Schedule D, income and tax from Schedule D, income and the Retirement income credit (attach 50 Poreign tax credit (attach Form 51 Contributions to candidates for 51 Contributions	om line 45 t on line 47 by us veraging from Sch h Schedule R) . 3468) 1116) public office_credit	ing Tax Rate Schedule edule G, or maximum ta	X, Y, or Z, or if x from Form 47	apol	47 icable, t Enter ta 48 49 50	4 / e	,784 .	00
4 4 5 5	Faxable income. Subtract line 46 fr         (Figure your tax on the amount tax from Schedule D, income and tax from Schedule D, incom	om line 45 t on line 47 by us veraging from Sch h Schedule R) . 3468) 1116) public office credit ach Form 4874)	ing Tax Rate Schedule edule G, or maximum ta	X, Y, or Z, or if x from Form 47	appl 26.)	47 icable, f Enter ta 48 49 50 51	4 / e	,784 .	00
4 4 5 5 5 5 5 5 5	Faxable income. Subtract line 46 fr         (Figure your tax on the amount tax from Schedule D, income and tax from Schedule D, income and the Retirement income credit (attach 50 Poreign tax credit (attach Form 51 Contributions to candidates for 51 Contributions	om line 45 t on line 47 by us veraging from Sch h Schedule R) . 3468) 1116) public office credit ach Form 4874) nce credit (attach	ting Tax Rate Schedule and a schedule G, or maximum ta	X, Y, or Z, or if x from Form 47	appl 26.)	47 icable, t Enter ta 48 49 50 51 52	4 / e	,784 .	00
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	<ul> <li>Taxable income. Subtract line 46 fr (Figure your tax on the amount tax from Schedule D, income average Retirement income credit (attact 9 Investment credit (attact Form 3 10 Foreign tax credit (attach Form 3 11 Contributions to candidates for 12 Work Incentive (WIN) credit (att 13 Purchase of new principal reside 14 Total (add lines 48 through 53).</li> <li>15 Tax from recomputing prior-year 15 Tax from recomputing prior-year 16 Tax from recomputing prior-year 17 Minimum tax. Check here &gt;</li> </ul>	om line 45 t on line 47 by us veraging from Sch h Schedule R) . 3468) 1116) public office credit ach Form 4874) nce credit (attach Enter here and our r investment credit Work Incentive (V h, if Form 4625 is from attached Form	ing Tax Rate Schedule a edule G, or maximum ta 	X, Y, or Z, or if x from Form 47 	appl 26.)	47           icable, it           Enter ta           48           49           50           51           52           53           54           55           56           57	4	,784 .	
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	<ul> <li>Faxable income. Subtract line 46 fr (Figure your tax on the amount tax from Schedule D, income av Retirement income credit (attact Investment credit (attach Form 2)</li> <li>Foreign tax credit (attach Form 2)</li> <li>Foreign tax credit (attach Form 2)</li> <li>Contributions to candidates for 2) Work Incentive (WIN) credit (attact 3) Purchase of new principal reside 4) Total (add lines 48 through 53).</li> <li>Tax from recomputing prior-year 6) Tax from recomputing prior-year 7) Minimum tax. Check here &gt;</li> <li>Rax on premature distributions for 9) Self-employment tax (attach Sci 6) Social security tax on tip income 1) Uncollected employee social security</li> </ul>	om line 45	ing Tax Rate Schedule a edule G, or maximum ta 	X, Y, or Z, or if x from Form 47    	appi 26.)	47           icable, f           Enter ta           48           49           50           51           52           53           54           55           56           57           58           59           60           61	4	b, 784 , ternative line 16a.	
	<ul> <li>Taxable income. Subtract line 46 fr (Figure your tax on the amount tax from Schedule D, income av B Retirement income credit (attact 9 Investment credit (attach Form 3 10 Foreign tax credit (attach Form 3 10 Foreign tax credit (attach Form 3 11 Contributions to candidates for 12 Work Incentive (WIN) credit (atta 13 Purchase of new principal reside 14 Total (add lines 48 through 53).</li> <li>15 Tax from recomputing prior-year 16 Tax from recomputing prior-year 17 Minimum tax. Check here &gt; 1 18 Tax on premature distributions for 19 Self-employment tax (attach Sc 10 Social security tax on tip income 11 Uncollected employee social security 12 Excess contribution tax from attach</li> </ul>	om line 45	sing Tax Rate Schedule a edule G, or maximum ta 	X, Y, or Z, or if x from Form 47 	appi 26.)	47           icable, t           Enter ta           48           49           50           51           52           53           54           55           56           57           58           59           60           61           62	4	5,784, ternative line 16a.	
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	Taxable income. Subtract line 46 fr         (Figure your tax on the amount tax from Schedule D, income and tax from the schedule D, income and tax from the schedule D, income and tax from tax credit (attach Form Schedule D, income and tax from tax check here by the schedule D, income and tax from atta tax from tax from atta from tax fr	om line 45	ing Tax Rate Schedule is edule G, or maximum ta 	X, Y, or Z, or if x from Form 47 	appi 26.)	47           icable, i           Enter ta           48           49           50           51           52           53           54           55           56           57           58           59           60           61           62           63	4	5,784, ternative line 16a.	
4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 6 6 6 6	<ul> <li>Taxable income. Subtract line 46 fr (Figure your tax on the amount tax from Schedule D, income av B Retirement income credit (attact 9 Investment credit (attach Form 3 10 Foreign tax credit (attach Form 3 10 Foreign tax credit (attach Form 3 10 Contributions to candidates for 12 Work Incentive (WIN) credit (att 3 Purchase of new principal reside 4 Total (add lines 48 through 53).</li> <li>5 Tax from recomputing prior-year 7 Minimum tax. Check here &gt;</li> <li>8 Tax on premature distributions for 9 Self-employment tax (attach Sci 0 Social security tax on tip income 11 Uncollected employee social security 13 Total (add lines 55 through 62).</li> <li>14 Other Payments cess FICA, RRTA, or FICA/RRTA tax withhelite</li> </ul>	om line 45	sing Tax Rate Schedule a edule G, or maximum ta 	X, Y, or Z, or if x from Form 47 		47           icable, i           Enter ta           48           49           50           51           52           53           54           55           56           57           58           59           60           61           62           63	4	5,784, ternative line 16a.	00
4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Taxable income. Subtract line 46 fr         (Figure your tax on the amount tax from Schedule D, income and tax from tax credit (attach Form Schedule Contributions to candidates for Schedule D, income and tax from recomputing prior-year Minimum tax. Check here ►         18 Tax from recomputing prior-year Minimum tax. Check here ►       Image: Schedule D, income and tax from attax from attax from attax from tax from tax from attax from Payments	om line 45	sing Tax Rate Schedule a edule G, or maximum ta 	X, Y, or Z, or if x from Form 47 		47           icable, i           Enter ta           48           49           50           51           52           53           54           55           56           57           58           59           60           61           62           63	4	5,784, ternative line 16a.	9

	(AUGMENTATION OF SCHEDULE A		
for second	n 1 ===	2 3 3	
			-
			1
-	· · · · · · · · · · · · · · · · · · ·		
	DOCTOR BILLS		
	DR. JAMES DI LEO (DENTIST - FOR J.G.)	250.05	200
	2 <sup>1</sup> 11	800.00	
-	25 29 20	150.00	
	11 N N N	746.00	
1992	CASEY PEDIATRIC CLINIC (CHILDREN)	10.00	Ne la
1.25.2	DR. JERRY CASEY (CHILDREN)	24.50	1
1200	B (1	48.00	5
13/1	CASEY PEDIATRIC CLINIC (CHILDREN)	22.00	10
N.	OCHSNER CLINIC (FOR T.G.)	442.86	8
	THE PATHOLOGY LAB (CHILDREN)	44.06	1
13.5	DRS. MASSET + O'BRIEN (FOR J.G.)	29.00	-
	AZAR EYE CLINIC (FOR J.G.)	10,00	
-	DR. RAYMOND LUSBRE (FOR J.G.)	125.00	
	50. BAPTIST HOSPITAL (CHILDREN) (JIM R.)	360.00	
	DR. SCARDING (CHILDREN)	21.00	
	OR. GEORGE LYONS (CHILDREN)	10.00	-
	L.S. U. MEDICAL CENTER (CHILDREN)	30.00	
	TOTAL MEDICAL (#2716.36) + HOSPITAL (#360.00) =	10742 = \$ 3,0 76.36	
1	c		
	TRAVEL (FOR HEALTH REASONS)		
	TRIP BY J.G. TO + FROM PHOLENIX, ARIZONA	# 301.47	T
	(SEE STATEMENT BY DR. MINYARD)		T
	MEDICINE		
	BLANCHARD'S APOTHECARY (FOR J.G.)	105.89	
	WERER ORTHOPEDICS (BACK BRACE FOR J.G.)	37.10	
		# 143.99	++
			+
			++

# GORONER'S OFFICE

PARISH OF ORLEANS CRIMINAL COURT BUILDING 2700 TULANE AVENUE NEW ORLEANS, LA. 70119

FRANK E. MINYARD, M. D., CORONER EX-OFFICIO CITY PHYSICIAN

June 3, 1976

LOUIS W. IVON

## TO WHOM IT MAY CONCERN:

I have been one of Mr. Jim Garrison's physicians for many years. During the cold season, between January and March, I have advised Mr. Garrison to go to a warmer climate in the southwest. Mr. Garrison has chronic respiratory problems. My medical advise to Mr. Garrison is to continue this treatment since I feel it helps his condition.

Very sincerely yours,

yan (M)

Frank E. Minyard, M. D. CORONER, PARISH OF ORLEANS

FEM:pbt

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" Service to the Living "

NATIONAL	43-003 EVERAGE JIM GARRISON 1975 RETURN	439-14-748
	AUGMENTATION OF SCHEDULE A	>
		2 3
	INTEREST EXPENSE: (#20)	
	INTEREST ON LOANS	
	157 HOME MORTERGE (BANK OF LA)	# 3,652.00
1025	2ND HOME MORTGAGE (LESTER "KING" SOCOMON)	515.00
10		
金融 音	INTEREST ON BANK OF NEW ORLEAMS	
100	LOAN # 3439253	61,200.00
	INTEREST ON MIBERNIA NATIONAL	
11.00	BANK LOAN # 11 065225	450.00
1050		\$ 8.817 00
1.5.49		
2.5		
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CHEDULE C orm 1040) artment of the Treasury strial Revenue Service Profit or (Loss) From Business or Pro (Sole Proprietorship) Partnerships, Joint Ventures, etc., Must File Form 1065. Attach to Form 1040. See Instructions for Schedule C (Form			197:	5
me(s) as shown on Form 1040. JIM GARRIJON			ecurity number	
Principal business activity (see Schedule C Instructions) ►       ATTORNEY       ; product ►         Business name ►       TUCKER, SCHONEKAS + GARRISON C Employer ide         Business address (number and street) ►       710       CARONOELET       STASET         City, State and ZIP code ►       NEW       ORLEANS, LA, 70130         Indicate method of accounting:       (1)       Cash       (2)       Accrual       (3)       Other ►	entification	number I		6
Were you required to file Form W-3 or Form 1096 for 1975? (see Schedule C Instructions)				
Method of inventory valuation >				
1 Gross receipts or sales LEGAL FEES: returns and allowances \$	1		621.	07
3 Gross profit . 4 Other income (attach schedule) . Book ROYALTIES + LECTURES	3	9	,357.	.7.4
5 Total income (add lines 3 and 4)		2.9	1,978.	81
6 Depreciation (explain in Schedule C-3)	. 6			
8 Rent on business property	. 8			
9 Repairs (explain in Schedule C-2)	Charles States and States an			
10 Salaries and wages not included on line 3, Schedule C-1 (exclude any paid to yourself) 11 Insurance	11			
12 Legal and professional fees	. 12			
13 Commissions	. 13			
14 Amortization (attach statement)	. 14			
15 (a) Pension and profit-sharing plans (see Schedule C Instructions)	. 15(a) (b)			
(b) Employee benefit programs (see Schedule C Instructions)	16			
17 Bad debts arising from sales or services	. 17			
18 Depletion	. 18			
19 Other business expenses (specify):				
(a) OFFICE FURNITURE (DAMERON- (b) PIERSON): 196.63				
(b) PIERION ) · · · · · · · · · · · · · · · · · ·				
(d)				
(e) COST OF TYPING				
(1) (SEE SCHEDULE): 2,528.56				
(g)				
(h)(i)				
0				
(k) Total other business expenses (add lines 19(a) through 19(j))			2,123,	19
20 Total deductions (add lines 6 through 19(k))			2,72.5	19
Net profit or (loss) (subtract line 20 from line 5). Enter here and on Form 1040, line 28. ALSO enter on Schedule SE, line 5(a)	21	2	-7,223.	97
HEDULE C-1 Cost of Goods Sold and/or Operations (See Schedule C Instructions	for Line	2) 2	7,223.	97
Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	. 1			
Purchases \$ Less: cost of items withdrawn for personal use \$ Balance >				
Cost of labor (do not include salary paid to yourself)	. 3			
Materials and supplies	5			
Other costs (attach schedule)         .	6		-	
Less: Inventory at end of year	7			
Less. Inventory at end or jear	. 8			

AUGMENTATION         OF         SCHEDULE         2           DITHER         1         2         2           OTTHER         INCOME:         (#4)         2           BOOK         ROYALTIES         4         4         4           ADVANCE         ROYALTIES         FOR BOOK:         4         4         5           ADVANCE         ROYALTIES         FOR BOOK:         4         4         5           PAST         ROYALTIES         FOR BOOK:         4         4         35           PAST         ROYALTIES         FOR BOOK:         4         4         35           PAST         ROYALTIES FOR BOOK:         4         4         35           PAST         ROYALTIES FOR BOOK:         4         4         35           PAST         ROYALTIES FOR BOOK:         4         4         35           C         THE STAK SEANOLED CUNTRES'         4         4         35           C         ECCTURES'         4         4         4         4           LecctuRES'         LecctuRES'         2         6         4         4         4         4         4         4         4         4         4         4 <th>.99</th> <th>3=</th>	.99	3=
BOOK         ROYALTIES           ADVANCE         ROYALTIES         PAR         BOOK         **         4,500           ADVANCE         ROYALTIES         FOR         BOOK         **         1,536           PAST         ROYALTIES         FOR         BOOK         **         1,536           PAST         ROYALTIES         FOR         BOOK         **         435           (** "THE         STAR SEANOLED         CONTRES"         **         435           (** "A HERITAGE OF STONE")         **         2,66         **         2,66           MUSTONAL WESTERN         UNIVERSITY         **         2,66         **           MUSTONAL WESTERN         UNIVERSITY         **         2,66         **           MUSTONAL WESTERN         UNIVERSITY         **         2,66         **           MUSTONAL	.99	
BOOK       ROYALTIES         ADVANCE ROYALTIES       POR BOOK:*         ADVANCE ROYALTIES       FOR BOOK:*         ADVANCE ROYALTIES       FOR BOOK:*         PAST       ROYALTIES         C       LECTURES         LECTURES       TST. LOUIS UNIVERSITY         PUSSOURI USESTERN       UNIVERSITY         TOTAL FROM ROYALTIES       CECTURES         PUSSOURI CERON       ROYALTIES         TOTAL FROM ROYALTIES       CECTURES	.99	
BOOK       ROYALTIES         ADVANCE ROYALTIES       POR BOOK:*         ADVANCE ROYALTIES       FOR BOOK:*         ADVANCE ROYALTIES       FOR BOOK:*         PAST       ROYALTIES         C       LECTURES         LECTURES       TST. LOUIS UNIVERSITY         PUSSOURI USESTERN       UNIVERSITY         TOTAL FROM ROYALTIES       CECTURES         PUSSOURI CERON       ROYALTIES         TOTAL FROM ROYALTIES       CECTURES	.99	
ADVANCE ROYALTIES FOR BOOK:*       4,50 c         ADVANCE ROYALTIES FOR BOOK:*       3,536         PAST ROYALTIES FOR BOOK:**       22/         PAST ROYALTIES FOR BOOK:**       435         PAST ROYALTIES FOR BOOK:       435         PAST ROYALTIES FOR BOOK:**       435         PAST ROYALTIES FOR BOOK:       435         PAST ROYALTIES FOR ROYALTIES FOR BOOK:       435 <td>.99</td> <td></td>	.99	
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NOVANCE ROYALTIES FOR BOOK:*       1,538         PAST ROYALTIES FOR BOOK:**       221         PAST ROYALTIES FOR BOOK:**       435         PAST ROYALTIES FOR BOOK:       5,673         (* "THE STAK SEANGLED CONFRECT")       45,673         (* "THE STAK SEANGLED CONFRECT")       45,673         (** "A HERITAGE OF STONE")       45,673         LECTURES:       2,66         LECTURES:       2,66         MISSOURI WESTERN UNIVERSITY *       2,66         TOTAL FROM ROYALTIES ** LECTURES       9,35	.99	
PAST ROYALTIES FOR BOOK:       221         PAST ROYALTIES FOR BOOK:       435.         PAST ROYALTIES FOR BOOK:       -         ##       435.         (* "THE STAR SEANGLED CONTREC")       -         (** "A HERITAGE OF STONE")       -         LECTURES       -         LECTURES       -         LECTURES       -         ALSTONAL WESTERN UNIVERSITY       -         ALSTONAL WESTERN UNIVERSITY       -         TOTAL FROM ROYALTIES * LECTURES       9,35	,55	+++++
(* "THE STAR SEANGLED CONTRACT") (** "A HERITAGE OF STONE") (** "A HERITAGE OF STONE") LECTURES LECTURES LECTURES AT ST. LOUIS UNIVERSITY + 2,66 MISSOURI WESTERN UNIVERSITY TOTAL FROM ROYALTIES * LECTURES 9,35		
(* "THE STAR SEANGLED CONTRACT") (** "A HERITAGE OF STONE") (** "A HERITAGE OF STONE") LECTURES LECTURES LECTURES AT ST. LOUIS UNIVERSITY + 2,66 MISSOURI WESTERN UNIVERSITY TOTAL FROM ROYALTIES * LECTURES 9,35	32	
(* "THE STAR SEANOLED CONTRECT") (** "A HERITAGE OF STANE") LECTURES OF STANE") LECTURES AT ST. LOUIS UNIVERSITY + 2,66 MISSOURI WESTERN UNIVERSITY TOTAL FROM ROYALTIES * LECTURES 9,35	a state of the local division of the local d	
(** "A HERITAGE OF STONE") LECTURES LECTURES LECTURES AT ST. LOUIS UNIVERSITY + 2,66 MISSONAL WESTERN UNIVERSITY TOTAL FROM ROYALTIES + LECTURES 9,35	.81	++++
(** "A HERITAGE OF STONE") LECTURES LECTURES LECTURES AT ST. LOUIS UNIVERSITY + 2,66 MISSONAL WESTERN UNIVERSITY TOTAL FROM ROYALTIES + LECTURES 9,35		++++
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MISSOURI WESTERN UNIVERSITY MISSOURI WESTERN UNIVERSITY TOTAL FROM ROYALTIES & CECTURES 9,35		
TOTAL FROM ROYALTIES & LECTURES 9,35	.73	
TOTAL FROM ROYALTIES & LECTURES 9,35	1964	
TOTAL FROM ROYALTIES & LECTURES 9,35	25402 2	
TOTAL FROM ROYALTIES & LECTURES 9,35	1000 C.	
TOTAL FROM ROYALTIES & LECTURES 9,35	- Caller	
TOTAL FROM ROYALTIES & LECTURES 9,35	C FEE Carl	
TOTAL FROM ROYALTIES & LECTURES 9,35	- 1.5 G	
TOTAL FROM ROYALTIES & LECTURES 9,35		
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		1000
	28 Q	115
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	1975 RETURN	
	AUGMENTATION OF SCHEDULE	
	OTHER BUSINESS EXPENSES: (#19):	
	OTHER DOSINESS EARENSON . (TFI).	
	COST OF TYPING MANUSCRIPT	
1 martine	75 DIETRICH & PICKETT	828.15
4/29/	75 " "	162 78
8/23/	75 U	519.96
12/29/	n	451.07
12/29/	75 11 11 11 11 11 11 11 11 11 11 11 11 11	146.50
6/11/7		70,00
3/9/7		65.00
3/23/7		60.00
4/5/7		30.00
3/5/2	S PAT MORVANT & RITA CAZAUBON	21.60
5/26/		60.80
4/3/7		49.50
7/3,1-	5 # 11 11	17.60
8/8/7		45.60
- tot.		\$ 2,528.56
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Internal	I Veadure Service			y.) tions for Schedul	e D (Form			19	
Name	(s) as shown on Form 1040 JIM G	AARISON				50 439	cial secur 14	TY num	
Par	Short-term Capital Gains	and Losses—As	sets Held Not	More Than 6 M	onths			1	D
	a. Kind of property and description (Example, 100 shares of "Z" Co.)	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other as adjusted instruction F) expense of s	and		ain or (lo: d less e)	55)
1									
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		-	1						
					-				
2	Enter your share of net short-term		the general contraction of the second	and fiduciaries .	· · ·  -	2 -			1.4
3 4(a)	Enter net gain or (loss), combine lin Short-term capital loss component ca			ore 1970 (see Inst	ruction I) -	3 4(a)	(		
(b)	Short-term capital loss component at		· 영상 (1997년 1997년 19 1997년 1997년 1997	and the first of the second second		(b)	(		
5	Net short-term gain or (loss), combi	ne lines 3, 4(a) an	nd (b)		[	5			
Par	Long-term Capital Gains	and Losses-A	ssets Held M	ore Than 6 Mo	nths			1000	
6	the second s	1							
			alitize	***			1.0	00	
	10 SHARES OF PASCAGOUL	- IN THE	8 [18 / 75	\$ 2,399.00	\$4000.	00-	1,3	99.	00
HAR	DWOOD COMPANY (LAUREL)	- IN THE 1960'5*	8 [18 (75	# 2,399.00	\$4000.	015-	1,3	99.	00
HAR	DWOOD COMPANY (LAUREL) SISSIPPI)	- IN THE 1960'5**	8 [18 [75	# 2,399.00	#1,000.	0.00	43	99.	00
HAR	(#STOCK WAS DOL	1960'5 *		(* * CON (LIQUIDÀTE	PHNY WAS P + THis	5 24 5		99.	00
HAR	(*STOCK WAS DOL BY MY MOTHE	1960'5 *	E. 965,	(* * CON (LIQUIDÀTE LIQUIDÀTE	PANY WAS D + THIS H UALUS	5 24 5		99.	00
HAR	(#STOCK WAS DOL	1960'5 *	E. 965,	(* * CON (LIQUIDÀTE LIQUIDÀTE LIQUIDATIO BY THE	PANY WAS D + THIS N UALUS OMBANY	5 24 5		99.	00
HAR	(*STOCK WAS DOL BY MY MOTHE	1960'5 *	E. 965,	(* * CON (LIQUIDÀTE LIQUIDÀTE	PANY WAS D + THIS N UALUS OMBANY	5 24 5		99.	00
HAR	DWOOD COMPANY (LAUREL) SISSIPPI) (*STOCK WAS DOL BY MY MOTHE BUT NOT CERTA Capital gain distributions	I960'5"	965.	(* * COM (LIQUIDATE LIQUIDATE BY THE MY STOCK	PANY WAS P + THIS N UALUE OMBANY )	5 WAS GAUE TO 7		99.	00
210A M115 7 8	DWOOD COMPANY (LAUREL) SISSIPPI) (*STOCK WAS DO BY MY MOTHE BUT NOT CERTA Capital gain distributions Enter gain, if applicable, from Form	1960'5"	965, ) ) ) (see Instruct	(* * con (LIQUIDATE L(QUIDATE BY THE MY STOCK	PANY WAS P + THIS N UALUE OMBANY )	S CALC TO		99.	
1111 1111 1111 1111 1111 1111 1111 1111 1111	(*STOCK WAS DOL BY MY MOTHE BUT NOT CERTA Capital gain distributions Enter gain, if applicable, from Form Enter your share of net long-term ga	1960'5" 196	965, ) ) (see Instruct partnerships an	(* * Con (LIQUIDATE LQUIDATE BY THE MY STOCK	PANY W+3 D + THIS A UALUS OMBANY )	5 64165 To 7 8		99.	
7 8 9 10	DWOOD COMPANY (LAUREL) SISSIPPI) (*STOCK WAS DO BY MY MOTHE BUT NOT CERTA Capital gain distributions Enter gain, if applicable, from Form	1960'5" ABOUT ( ABOUT ( ABOUT ( ABOUT ( AF PATE 4797, line 4(a)(1) ain or (loss) from ain from small but	965, 965, ) ) (see Instruct partnerships an siness corporat	(* * con (LQUIDATE LQUIDATE BY THE BY THE MY STOCK ion A) ion S (Subchapter S	(PAN) W+3 P + 7(+1/3 A U+2.05 OMBANY )  S)	5 64105 7 7 8 9		99.	
7 8 9 10 11 12(a)	Capital gain distributions Enter gain, if applicable, from Form Enter your share of net long-term ga Net gain or (loss), combine lines 6 Long-term capital loss component ca	1960'5" NATED 70 M R ABOUT ( N OF DATE 4797, line 4(a)(1 ain or (loss) from ain from small but through 10 rryover from years	(see Instruct partnerships an siness corporat	(* * Con (LQUIDATE LQUIDATE LQUIDATE BY THE BY THE MY STOCK ion A)	(Phy NY W43 ) + 77415 N UALUS OMBANY )  S) uction I). 1	2000 5 5 5 5 5 5 5 7 7 8 9 10 11 12(2)		99.	00
7 8 9 10 11 12(a) (b)	Capital gain distributions Enter gain, if applicable, from Form Enter your share of net long-term ga Net gain or (loss), combine lines 6 Long-term capital loss carryover att	1960'5" MATED TO M R ABOUT ( M OF DATE 4797, line 4(a)(1 ain or (loss) from ain from small but through 10 rryover from years ributable to years	<pre>965. 965. 1) (see Instruct partnerships ar siness corporat s beginning befor beginning afte</pre>	(* * Con (LQUIDATE LQUIDATE LQUIDATE BY THE MY STOCK ion A) ion A) ions (Subchapter S ions (Subchapter S) ions (Subchapter S)	(Phy NY W43 P + 774/35 A UALUS OMBANY 1)  S) s) uction 1). 1 uction 1).	7 8 9 10 11 (b)	(		
2010 2010 2010 2010 2010 2010 2010 2010	Capital gain distributions Enter gain, if applicable, from Form Enter your share of net long-term ga Net gain or (loss), combine lines 6 Long-term capital loss carryover att Net long-term gain or (loss), combi	1960'5" ABOUT ( ABOUT ( ABO	<pre>965. 965. 1) (see Instruct partnerships ar siness corporat s beginning befor beginning afte</pre>	(* * Con (LQUIDATE LQUIDATE LQUIDATE BY THE MY STOCK ion A) ion A) ions (Subchapter S ions (Subchapter S) ions (Subchapter S)	(Phy NY W43 P + 774/35 A UALUS OMBANY 1)  S) s) uction 1). 1 uction 1).	2000 5 5 5 5 5 5 5 7 7 8 9 10 11 12(2)	(	99.	
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77 89 10 11 12(a) 13 13	Capital gain distributions Enter gain, if applicable, from Form Enter your share of net long-term ga Net gain or (loss), combine lines 6 Long-term capital loss carryover att Net long-term gain or (loss), combi	1960'5" MATED 70 M A BOUT ( A BOU	<pre>965. 965. 965. 1) (see Instruct partnerships and siness corporat siness corporat beginning after and (b) enter the net gate enter the net gate ever is smaller (</pre>	(* * Com (LQUIDATE LQUIDATE LQUIDATE BY TITE BY TITE MY STOCK ion A) ion A) ion S(Subchapter Dre 1970 (see Instru- r 1969 (see Instru- see Part VI for con		7 8 9 10 11 2(a) (b) 13	( ( ( 1, 2 4, 2	399.	)))))
7 8 9 10 11 12(a) (b) 13 14 15	Capital gain distributions	1960'5" ABOUT ( ABOUT ( ABO	965, 965, 965, 965, 965, 965, 965, 965,	(* * Con Liquida Téc Liquida Téc By Titte C By Titte C My STOCK ion A) ion A) ions (Subchapter S ions (Subchapter S) ions (S) ions (Subchapter S) ions (S) ions (S)	Physelve with the second	3           6           7           8           9           10           11           2(a)           (b)           13	( ( ( 1, 2 4, 2	399. 399.	)))))
210 11 12(a) 13	(*STOCK WAS DO BY MY MOTHE BY MY MOTHE BUT NOT CERTA Capital gain distributions Enter gain, if applicable, from Form Enter your share of net long-term ga Enter your share of net long-term ga Net gain or (loss), combine lines 6 Long-term capital loss component ca Long-term capital loss component ca Long-term gain or (loss), combine Met long-term gain or (loss), combine long loss (l) If amount on line los	1960'5" ABOUT ( ABOUT ( ABO	<pre>965, 965, 965, 1) (see Instruct partnerships ar siness corporat siness corporat beginning after and (b) enter the net gate wer is smaller ( or no entry on i on Form 1040, omit lines 16(ar n, enter 50% of in, enter amount on enter</pre>	(* * Con Liquidate Liquidate Liquidate By Titte By Titte My Stock ion A) ion A) ion S (Subchapter S ions (S ions (S)	Phy NY         W43           P         7/4/35           P         7/4/35 </td <td>Image: Control of the second secon</td> <td>( ( ( 1, 2 4, 2</td> <td>399. 399.</td> <td>)))))</td>	Image: Control of the second secon	( ( ( 1, 2 4, 2	399. 399.	)))))
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Name(s) as shown on Form 1040	GAARISON		ions for Schedule		Soc	ial security nu	
Jin	ominican				439	14 79	488
Part D Short-term Capital Ga	ains and Losses—As	sets Held No	More Than 6 M	onths			D
a. Kind of property and description (Example, 100 shares of "Z" Co.)	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or othe as adjusted instruction F) expense of	(see and	f. Gain or (1 (d less e)	055)
I						1994 - 1997 1997 - 1997	1
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and a second		5 2 3		-		1	
						1 1 1 2	-
			15 - 40 - 15 - 15 - 15 - 15 - 15 - 15 - 15 - 1	-			
2 Enter your share of net short-t	erm gain or (loss) from	n partnerships	and fiduciaries		2		1 1
Enter net gain or (loss), combi		CONTRACTOR AND DOMESTICS AND A			3	108.1	
(a) Short-term capital loss component	and the first of the second		and still the second	and the second	4(a)	(	)
<ul> <li>(b) Short-term capital loss carryov Net short-term gain or (loss), c</li> </ul>					(b) 5	(	)
Part I Long-term Capital Ga	ains and Losses-A	ssets Held M	ore Than 6 Mon	ths	3 1		L
i i i i i i i i i i i i i i i i i i i		1	*				1
10 SHARES OF PASCAGE		8 [18/75	\$ 1,399.00	\$1,000.	00	1,399.	00
HARDWOOD COMPANY (LAUR	54 1960'5 #						
MISSISSIPPI)			1 # # COM	Bush / with		1.5	
(*STOCK WAS	PONATED TO M	E	(LIQUIDATE	and the second se		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
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			MY STOCK	2			
Capital gain distributions				T	7	-	
Enter gain, if applicable, from				::::	8		
					9		
Enter your share of net long-te		inore comparati	one (Subchanter S		10		
LO Enter your share of net long-te		CONTRACTOR CONTRACTOR AND CONTRACTOR		AND ADDRESS ADDRES			10
Enter your share of net long-te Net gain or (loss), combine line	es 6 through 10 .				11		
Enter your share of net long-te Net gain or (loss), combine lin- L2(a) Long-term capital loss compone	es 6 through 10	beginning befo	re 1970 (see Instru	action I) .	2(a)	(	)
<ul> <li>Enter your share of net long-te</li> <li>Net gain or (loss), combine line</li> <li>Long-term capital loss compone</li> <li>Long-term capital loss carryove</li> <li>Net long-term gain or (loss), combine</li> </ul>	es 6 through 10 ent carryover from years er attributable to years ombine lines 11, 12(a)	beginning befo	re 1970 (see Instru r 1969 (see Instru	ction I) .	(b)	(	)
<ul> <li>Enter your share of net long-te</li> <li>Net gain or (loss), combine line</li> <li>Long-term capital loss compone</li> <li>Long-term capital loss carryove</li> <li>Net long-term gain or (loss), combine</li> </ul>	es 6 through 10 ent carryover from years er attributable to years ombine lines 11, 12(a)	beginning befo	re 1970 (see Instru r 1969 (see Instru	ction I) .	2(a)	( ( 1,399.	)))
10 Enter your share of net long-te 11 Net gain or (loss), combine line 12(a) Long-term capital loss compone (b) Long-term capital loss carryove 13 Net long-term gain or (loss), com- 14 Combine the amounts shown of the sho	es 6 through 10 Int carryover from years or attributable to years ombine lines 11, 12(a) and II	beginning before beginning after and (b)	re 1970 (see Instru r 1969 (see Instru	action I) .	(b)	( ( 1,399. 1,399.	)))00
10 Enter your share of net long-te 11 Net gain or (loss), combine line 12(a) Long-term capital loss compone (b) Long-term capital loss carryove 13 Net long-term gain or (loss), com- 14 Combine the amounts shown of the sho	es 6 through 10 ant carryover from years er attributable to years combine lines 11, 12(a) and II on lines 5 and 13, and 50% of line 14, whiche	beginning before beginning after and (b)	re 1970 (see Instru r 1969 (see Instru in or (loss) here . see Part VI for com	ction I) . ction I) .	(b) 13	1	00
<ul> <li>Enter your share of net long-ter</li> <li>Net gain or (loss), combine line</li> <li>Long-term capital loss compone</li> <li>(b) Long-term capital loss carryove</li> <li>Net long-term gain or (loss), combine the amounts shown of life</li> <li>Combine the amounts shown of alternative tax). Enter</li> <li>(a) Enter 50% of line 13 or 5 of alternative tax). Enter</li> <li>(b) Subtract line 15(a) from I</li> <li>If line 14 shows a loss—</li> <li>If losses are shown on BO</li> </ul>	es 6 through 10 ent carryover from years er attributable to years ombine lines 11, 12(a) and II on lines 5 and 13, and 50% of line 14, whiche zero if there is a loss of ine 14. Enter here and	beginning before beginning after and (b) enter the net gas ver is smaller ( or no entry on it on Form 1040,	in or (loss) here . see Part VI for comine 13 line 29a	nction I)	12(a) (b) 13 14	1, 399.	00
<ul> <li>Enter your share of net long-ter</li> <li>Net gain or (loss), combine line</li> <li>Long-term capital loss compone</li> <li>(b) Long-term capital loss carryove</li> <li>Net long-term gain or (loss), component</li> <li>Net long-term gain or (loss), component</li> <li>Summary of Parts I</li> <li>Combine the amounts shown of file</li> <li>Enter 50% of line 13 or 5 of alternative tax). Enter</li> <li>(b) Subtract line 15(a) from I</li> <li>If line 14 shows a loss—</li> <li>If losses are shown on BO (see Instruction J).</li> <li>Otherwise,</li> </ul>	es 6 through 10 ant carryover from years ar attributable to years bombine lines 11, 12(a) and II con lines 5 and 13, and a 50% of line 14, whiche zero if there is a loss of line 14. Enter here and TH lines 12(a) and 13,	beginning before beginning after and (b) enter the net gas ver is smaller ( or no entry on it on Form 1040,	in or (loss) here . see Part VI for comine 13 line 29a	nction I)	12(a) (b) 13 14 14	1, 399.	00
<ul> <li>Enter your share of net long-term</li> <li>Net gain or (loss), combine line</li> <li>Long-term capital loss compone</li> <li>(b) Long-term gain or (loss), combine</li> <li>Net long-term gain or (loss), combine</li> <li>Net long-term gain or (loss), combine</li> <li>Summary of Parts I</li> <li>Combine the amounts shown of the line 14 shows a gain</li></ul>	es 6 through 10 ent carryover from years er attributable to years bombine lines 11, 12(a) and II on lines 5 and 13, and 15 50% of line 14, whiche zero if there is a loss of line 14. Enter here and TH lines 12(a) and 13, ing amounts: 5 is zero or a net gain	enter the net ga ver is smaller ( on Form 1040, omit lines 16(a	in or (loss) here . see Part VI for comine 13 line 29a and (b) and go the set of t	nction I) . ction I) . - - - - - - - - - - - - -	12(a) (b) 13 14 14	1, 399.	00
<ul> <li>Enter your share of net long-term</li> <li>Net gain or (loss), combine line</li> <li>Long-term capital loss compone</li> <li>(b) Long-term capital loss carryove</li> <li>Net long-term gain or (loss), combine</li> <li>Net long-term gain or (loss), combine</li> <li>Summary of Parts I</li> <li>Combine the amounts shown of</li> <li>If line 14 shows a gain— <ul> <li>(a) Enter 50% of line 13 or 5</li> <li>of alternative tax). Enter</li> </ul> </li> <li>(b) Subtract line 15(a) from I</li> <li>If losses are shown on BO (see Instruction J).</li> <li>Otherwise, <ul> <li>(a) Enter one of the follow</li> <li>(b) If amount on line</li> <li>(c) If amount on line</li> </ul> </li> </ul>	es 6 through 10 ent carryover from years er attributable to years ombine lines 11, 12(a) and II on lines 5 and 13, and 6 50% of line 14, whiche zero if there is a loss of ine 14. Enter here and TH lines 12(a) and 13, ing amounts: 5 is zero or a net gain 13 are ne	enter the net gaver is smaller ( or no entry on i on Form 1040, omit lines 16(a	in or (loss) here . see Part VI for comine 13 line 29a ) and (b) and go t amount on line 1 t on line 14; or, amount on line 5	nction I)	12(a) (b) 13 14 14	1, 399.	00
<ul> <li>10 Enter your share of net long-term</li> <li>11 Net gain or (loss), combine line</li> <li>12(a) Long-term capital loss compone</li> <li>(b) Long-term capital loss corryove</li> <li>13 Net long-term gain or (loss), component</li> <li>14 Combine the amounts shown of the line 14 shows a gain</li></ul>	es 6 through 10 ent carryover from years er attributable to years bombine lines 11, 12(a) and II on lines 5 and 13, and 6 50% of line 14, whiche zero if there is a loss of line 14. Enter here and TH lines 12(a) and 13, ing amounts: 5 is zero or a net gain 13 is zero or a net gain 14 is zero or a net gain 15 is zero or a net gain 15 is zero or a net gain 16 is zero or a net gain 17 is zero or a net gain 18 is zero or a net gain 19 is zero or a net gain 19 is zero or a net gain 19 is zero or a net gain 10 i	beginning before beginning after and (b)	in or (loss) here . see Part VI for comine 13 line 29a amount on line 1 t on line 14; or. amount on line 5 e smallest of: -if a loss is show	nputation	12(a) (b) 13 14 (5(a) (b)	1, 399.	00

SCHEDULE SE (Form 1040) Department of the Treasury Internal Revenue Service	Computation of Social Security Each self-employed person must file a Schedule SE. See Earned Income Credit Instructions on page 8 and In	Attach to Form 1040.
this schedule un	, including tips, of \$14,100 or more that were subject to so less you are eligible for the Earned Income Credit. See Ins	structions.
If you had more	than one business, combine profits and losses from all your	r businesses and farms on this Schedule SE.
mportantThe self-emp	oloyment income reported below will be credited to your social security	record and used in figuring social security benefits.
AME OF SELF-EMPL	JIM GARRIJON	Social security number of self-employed person ► 439:14:7488
Business activities s	ubject to self-employment tax (grocery store, restaurant, f	
If you have both	farm income complete Parts I and III. If you have only farm and nonfarm income complete Parts I, II, and III.	
ou may elect to co	utation of Net Earnings from FARM Self-Employn mpute your net farm earnings using the OPTIONAL METHO ts are: (1) \$2,400 or less, or (2) more than \$2,400 and no even if you elect to use the FARM OPTIONAL METHOD.	OD, line 3, instead of using the Regular Method line
EGULAR METHOD	(a) Schedule F, line 54 (cash method), or line	e 74 (accrual method)
1 Net profit or (los	s) from: (b) Farm partnerships	
	n farm self-employment (add lines 1(a) and (b))	)
ARM OPTIONAL M	(a) Not more than \$2,400, enter two-thirds of	
from farming ' ar		Teleforter
explained in instru	a farming are the total gross profits from Schedule F, line 28 (cas distributive share of gross profits from farm partnerships (Schedu ections for Schedule SE. In line 12(a), the amount on line 2, or line 3 if you elect the	
Comp	utation of Net Earnings from NONFARM Self-Em	ployment
	(a) Schedule C, line 21. (Enter combined amount if more t	
	(b) Partnerships, joint ventures, etc. (other than farming)	A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY A REAL PROPERTY AND A REAL PROPERT
GULAR METHOD	(c) Service as a minister, member of a religious order, o	and the second
Net profit or (loss) from:	titioner. (Include rental value of parsonage or rental a filed Form 4361, check here ► _ and enter zero on	
	<ul> <li>(d) Service with a foreign government or international org (See Form 1040 in- (See Form 1040 in- structions for line 35.) Specify</li> </ul>	ganization
Total (add lines	5(a) through (e))	
	s if any (attach statement)	
If line 8 is \$1,600 11 and enter amo Note: You may use t than two-thirds of yo	ings or (loss) from nonfarm self-employment (line 6, as adju or more OR if you do not elect to use the Nonfarm Optional M unt from line 8 on line 12(b), Part III. the nonfarm optional method (line 9 through line 11) only if line 8 ur gross nonfarm profits, <sup>2</sup> and you had actual net earnings from sel 3 following years: 1972, 1973, and 1974. The nonfarm optional n	Aethod, omit lines 9 through B is less than \$1,600 and less If-employment of \$400 or more
ONFARM OPTIONA	METHOD	
(a) Maximum am	ount reportable, under both optional methods combined (far	
	from line 3. (If you did not elect to use the farm optional m	
	ract line 9(b) from line 9(a))	IN THE STATE AND A
	of gross nonfarm profits <sup>a</sup> or \$1,600, whichever is smaller line 12(b), the amount on line 9(c) or line 10, whichever is	
	nonfarm business are the total of the gross profits from Schedule fits from nonfarm partnerships (Schedule K-1 (Form 1065), line 14 lso, include gross profits from services reported on lines $5(c)$ , (d),	
	utation of Social Security Self-Employment Tax	
	oss): (a) From farming (from line 4)	
Total net earning	s or (loss) from self-employment reported on line 12. (If Line ment tax. Do not fill in rest of schedule.)	13 is less than \$400, you are not
The largest amoun	t of combined wages and self-employment earnings subject t for 1975 is	to social security or railroad
	wages and "RRTA" compensation	And a second sec
(b) Unreported ti	ps subject to FICA tax from Form 4137, line 9 or to RRTA . 15(a) and (b)	
	line 15(c) from line 14)	
Balance (subtract		
	ncome—line 13 or 16, whichever is smaller	

NATIONAL AS-703 20/20 BUF JM CHARISON 1975 RETURN

439-14-7438

	2	
FROM AUTHOR'S ROYALTIES		TT
3/3/75 ADVANCE ROYALTIES FOR "TSSE"	4,500.00	
6/2/75 ADDED ADVANCE ROYALTIES FOR "TSSE"	1,536.94	
8/15/75 FROM MAX GARTENBERG FOR "AHOS"	221.55	
" 11/13/75 FROM MAX GARTENBERG FOR "AHOS"	435.32	
11日本に、コーナーの地理に活動の活動な活動の「同時の一般の方法」で、「「」」	\$ 6,693.81	
		1011
FROM LECTURES		100
12/15/25 FOR SPEECH AT ST. LOUIS UNIVERSITY	1,300,00	
12/19/75 FOR SPEECH AT MO. WESTERN UNIVERSITY	1,363.23	
Allerer and a set of the set of t	# 2,663.93	
FROM LAW PRACTICE		
1/9/25 FROM DR. JOSEPH BEASLEY		
(\$5000 CHECK MINUS \$ 1,666.66 THIRD TO TUCKER		
+ SCHONEKAS - MINUS \$ 392.66 COSTS PAID BY JG TO ROYA		
ORLEANS DURING BEASLEY TRUL - MINUS \$ 416.73 TRAVEL W		
BEASLEY TO SAN FRANCISCO + \$126. 42 FOR S/F. HOTEL):	2,297.51	
2/4/75 FROM DR. BEASLEY (\$4,000 CHECK MINUS		
# 1,333.33 THIRD TO TUCKER + SCHONEMAS :	2,666.66	
\$ [13/75 FROM ED LAWRENSON (FOR DIANE LAWRENSON):	332.32	
8/15/75 FROM SHILSTONE:	560.00	
8/15/75 FROM VARNADO :	172.94	
8/18/75 FROM ED LAWRENSON:	200.00	
9/19/75 FROM R. PITTMAN (FOR R. PITTMAN):	500.00	
9/19/75 FROM CASH RECEIPTS (VARIOUS CRIMINAL CASES):	1,000,00	
9/29/75 FROM CASH RECEIPTS (VARIOUS CRIMINAL CASES):	1,150.00	
10/8/75 FROM ED LAWRENSON:	200.00	
10/9/75 EROM N. SMITH:"	250,00	-
10/9/75 FROM R. PITTMAN (FOR L. PITTMAN)	225.00	
10/14/75 FROM MARY JO COOPER	1,500.00	
10/14/75 FROM HORACE BLAIR, IR (RETAINER)	750,00	
10/30/75 FROM WILSON GAGE (CASH)	2,000.00	
11 113/75 FROM R. PITTMAN	Z00.00	
11/13/75 FROM HORACE BLAIR	750.00	
	#14,754.43	

45-003 EVE-EASE JIM GARRIJON 439-14-7488 1975 RETURN INCOME FOR 1925 (FROM CASH NOTES) 3 1 2 3 ADDITIONAL FROM LAW PRACTICE 3 4 JUL 35 LAWRENSON CASE 5 133, 32 5 L. LARD 6 CASE 200,00 6 ST. E. LARD CASE 7 200.00 7 8 E. WALLACE CASE 8 66.66 NORMAN SMITH CASE 1,666.66 9 9 JEANNINE COLLINS CASE 1,600.00 10 10 11 11 12 12 7/24/75 E. LARD CASE 300.00 13 13 MILTON VARNADO 500.00 7/29/75 14 L. LARD CASE 450,00 14 8/7/75 15 200.00 15 8/8/75 E. WALLACE 12/5/75 16 ROBERT JONES 16 350.00 17 17 \$ 5,866.64 18 18 19 19 (SOMMARY OF INCOME) GROSS EARNED INCOME FOR 1975: 20 20 21 21 6,693.81 22 AUTIHOR'S ROYALTIES 22 2,663.93 23 23 LECTORES LAW PRACTICE (FROM CHECK BOOK) 14,754.43 20,621.0324 24 LAW PRACTICE (FROM CASH NOTES) 5,866.64 866.64) 25 25 26 26 27 27 28 28 + (MINUS # 2, 558.21 TYPING EXPENSES 29 29 AND # 196.63 OFFICE FURNITURE, 30 30 31 31 7 # 27, 223, 97 NET EARNED INCOME FOR 1975: 32 32 33 33 34 . 34 35 35 36 36 37 37 38 38 39 39 40 40

	Department of the Treasury Internal Revenue Service Center AUSTIN, TX, 78740 OH 7644	49         Date of This Notice         NOV + 15 + 1976         Taxpayer Identifying Number         439=14=7488         OH         Document Locator Number         refer to these num-	•
•	JIM & LEAH GARRISON 710 CARONDELET ST NEW ORLEANS LA 70130	72247-270-02538-6 d bers Form Number Tax Period Ended 1040 DEC, 31, 1974	
0 20	OVERPAYMENT APPLIED TO OTHER TAXES		
31-0271450	You overpaid the tax reported on the form identified above, and we applied part or all of the overpayment against other taxes you owe. All or part of any interest owed on the overpayment may also have been applied against those other taxes. The total amount applied is shown at right; shown below is a list of your unpaid accounts and the amount we applied to each.	Your Overpayment to IRS \$94.35 Portion of your overpayment applied to unpaid accounts. \$94.35 Interest applied to unpaid	
	If there is a balance due you of \$1 or more, a refund will be sent to you.	accounts	
	This notice is for your information. It requires no reply.	Amount to be refunded to you\$ .00 (Any interest due you will be added)	Form 4356A (Rev. 6-75)
• • • •	Amount applied Form Tax period ended \$94.35 1040 DEC. 31. 1975 Overpayment was applied to these accounts	Amount applied Form Tax period ended	Form 435

Person to Contact Department of the Treasury E. SCHWABE 32 **Internal Revenue** Contact Telephone Number 512-397-7823 (This is not a toll-free multiple) Service Center P.O. BOX 1231 11-12-76 Date AUSTIN, TX. 78767 If you inquire about your account, please refer to these numbers or attach a copy of this latter Social Security Number 7634 439-14-7488 OH any overpayment shown in Document Locator Number GARRISON JIM 72221-218-90506-6 of this letter 710 CARONDELET ST Form Number Tax Year Ended DEC. 31. 1975 NEW ORLEANS LA 70130 1040

Dear Taxpayer:

In processing your tax return for the above year, we identified certain items which appear to be unallowable by law. We are therefore proposing a correction that will increase your tax as follows:

Total tax after correction	. \$	3,470.48	
Tax shown on return or correction notice		3.236.20	
Increase in tax		234.28	
Less: Overpayment (refund) shown on return or correction notice .		.00	
Additional tax due IRS from this correction	. \$	234.28	
Delinquency Penalty		11.71	
Satal Aul	.91	245.99	
Source selle			

If you agree with our figures, please *sign the consent statement* on the back of this letter and return it to us promptly. You may pay the additional tax now, if you wish, and limit the accumulation of interest; otherwise, we will bill you. To pay now, send us your check or money order, payable to the Internal Revenue Service, with your signed consent.

If you do not agree, please *give your reasons* on the back of this letter; attach any other explanatory material you may want us to have; and mail the information to the address shown on this letter. If your explanation is satisfactory, we will accept your return without change. If your explanation is unsatisfactory, we will advise you by letter and explain your appeal rights.

Please let us bear from you within 15 days, or we will have to process your return using the information we have. We have enclosed a self-addressed envelope for your convenience, and a copy of this letter for your records.

Thank you for your cooperation.

Sincerely yours,

Chief, Service Center Audit Division

\$838,00

Form 4960 (Part 1) (Rev. 9-75)

**REASONS FOR CORRECTION:** 

#3701

YOUR MEDICAL EXPENSE DEDUCTION, REPORTED ON SCHEDULE A, HAS BEEN ADJUSTED BECAUSE THE LAW ALLOWS YOU TO INCLUDE IN MEDICAL EXPENSES ONLY THAT PART OF MEDICINE AND DRUG EXPENSES EXCEEDING 1 PERCENT OF YOUR ADJUSTED GROSS INCOME. REGARDLESS OF YOUR AGE, AND ONLY THAT PART OF MEDICAL AND DENTAL EXPENSES EXCEEDING 3 PERCENT OF YOUR ADJUSTED GROSS INCOME. YOU MAY DEDUCT HALF OF YOUR MEDICAL INSURANCE PREMIUM WITHOUT REGARD TO THE 3 PERCENT RULE. BUT THIS DEDUCTION MAY NOT EXCEED \$150. YOU MAY ADD THE REMAINDER OF YOUR PREMIUM TO YOUR OTHER MEDICAL AND DENTAL EXPENSES TO DETERMINE HOW MUCH YOU MAY DEDUCT UNDER THE 3 PERCENT RULE. (SECTION 213 OF THE INTERNAL REVENUE CODE) SEE PUBLICATION 502.

(OVER)

If you agree, please sign this request. If you do not agree, please follow the instructions on front. Consent to Assessment and Collection. Sore & Cathe I do not wish to exercise my appeal rights with the Internal Revenue Service or to contest in the United States Tax Court the findings in this letter. Therefore, I give my consent to the immediate assessment and collection of the additional tax due shown in this letter, plus any interest provided by law. Also, I waive the requirement under section 6532(a)(1) of the Internal Revenue Code that a notice of claim disallowance be sent to me by certified mail for any overpayment shown in this letter. A STORE A LOW COOL Spouse's Signature If a Joint Return Was Filed Your Signature Date Ry, OT PHE 05.08598 Lhk 234 . 28 Relinquences Panalty Datel here YOUR MEDICAL ENPENSE DEDUCTION, REPORTED ON SCHEDULE A. HAS BEEN ADJUSTED BECAUSE THE LAW ALLONG YOU TO INCLUDE IN MEDICAL EXPENSES ONLY THAT PART OF MEDICANE AND DRUG EXPENSES EXCEEDING L PERCENT OF YOUR ADJUSTED GROSS INCOME! REGARDLESS OF YOUR AGE, AND ONLY THAT PART OF MEDICAL AND DENTAL EXPENSES EXCEEDING & PERCENT OF YOUR ADJUSTED GROSS INCOME. YOU MAY DEDUCT HALF OF YOUR HEDICAL INSURANCE PREMIUM WITHOUT REGARD TO THE 3 PERCENT RULE: BUT THES DEDUCTION MAY NOT EXCEED \$150. MAY ADD THE REMAINDER OF YOUR PREMIUM TO YOUR OTHER HEDICAL AND DENTAL CXPENSES TO DETURMINE HOW MUCH YOU MAY OPDICT UNDER THE 3 PERCENT RULE.

	Department of the Treasury Person to C		0
and a	Internal Revenue	ephone Number	uvuu
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	AUSTER TRANSFORMER AND	transferred to an an an and the second	
101	White parameters and a second second provide and a second se	about your account,	
0	Document I	these numbers	
1 10	Form Number ST Form Number St State		
•	Deer Trupperer		
	Dear Taxpayer:		
	In processing your tax return for the above year, we identified allowable by law. We are therefore proposing a correction that will	increase your tax as follows:	
10	Total tax after correction Tax shown on return or correction notice		
RTT #	Increase in tax		(and)
0	Less: Overpayment (refund) shown on return or correction Additional tax due IRS from this correction	on notice	
	Relinquency Penalty	11.71_	
	Total Rul	\$ 245,99	
	If you agree with our figures, please <i>sign the consent statement</i> it to us promptly. You may pay the additional tax now, if you wish, a otherwise, we will bill you. To pay now, send us your check or money of Service, with your signed consent.	and limit the accumulation of interest;	٠
	If you do not agree, please <i>give your reasons</i> on the back of the material you may want us to have; and mail the information to the explanation is satisfactory, we will accept your return without change, we will advise you by letter and explain your appeal rights.	address shown on this letter. If your	
DEUN	Please let us bear from you within 15 days, or we will have to mation we have. We have enclosed a self-addressed envelope for your for your records.		
	Thank you for your cooperation. Sincerely you	urs,	
	Chief, Servic	ce Center Audit Division	
	REASONS FOR CORRECTION:		- 2
			, u. 5.
	#3901		COMPANY
	TOUR MEDICAL EXPENSE DEDUCTION. REPORTED ON		GISTER
	ADJUSTED BECAUSE THE LAW ALLONS YOU TO INCLUDE I		OARD RI
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	REGARD TO THE 3 PERCENT RULE, BUT THIS DEDUCTION MAY ADD THE REMAINDER OF YOUR PREMIUM TO YOUR OT EXPENSES TO DETERMINE HOW MUCH YOU MAY DEDUCT UN ISECTION ZI'S OF THE INTERNAL REVENUE CODE) SEE P		
0	(OVER)	Form 4960 (Part 2) (Rev. 9-75)	
-			

<form><form><form><form><form><form></form></form></form></form></form></form>	•	If you agree, please sign this request. If you do not agree, please follow the instructions on front. Consent to Assessment and Collection.         I do not wish to exercise my appeal rights with the Internal Revenue Service or to contest in the United States Tax Court the findings in this letter. Therefore, I give my consent to the immediate assessment and collection of the additional tax due shown in this letter, plus any interest provided by law. Also, I waive the requirement under section 6532(a)(1) of the Internal Revenue Code that a notice of claim disallowance be sent to me by certified mail for any overpayment shown in this letter.         Your Signature       Spouse's Signature If a Joint Return Was Filed       Date	
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Be well advise you by heree and explain you appeal right. Be main are time. We have aucuned a well advassed correlage increase unawarenesse, and a copy of this heree up are you. Broad you travelage the you are aucuned a well advassed correlage increase up are you. Charl Service Center Audu Divention Be ASSONS FOR CORRECTION Charl Service Center Audu Divention A Conter Service Center Audu Divention Be ASSONS FOR CORRECTION A Conter Service Center Audu Divention Be ASSONS FOR CORRECTION A Conter Service Center Audu Divention Be ASSONS FOR CORRECTION			
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Chief, Service Center Audit Diversion REASONS FOR CORRELCTION	0.14		u .
REASONS FOR CORRECTION			
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SWR AUD - 11 (REV. 10-72)	EXPLANATION OF AUDIT ADJUSTMENT	
/	PENALTIES	
3701	Since you did not file your return within the time prescribed by law, and you did not show reasonable cause, a penalty of 5 percent has been added to the tax for each month or part of a month for which your return was late. This penalty cannot exceed 25 percent. (Section 6651 of the Internal Revenue Code)	
3702	Since you did not file a tax return, and you did not show reasonable cause, a penalty of 5 percent has been added to the tax for each month or part of a month the return was not filed. This penalty cannot exceed 25 percent. (Section 6651 of the Internal Revenue Code)	
3703	Since the underpayment of tax was due to negligence, a penalty of 5 percent of the underpayment has been added to your tax. (Section 6653(a) of the Internal Revenue Code)	
3704	A 5 percent penalty is being added to the proposed deficiency because of negligence or intentional disregard of rules and regulations covering preparation and filing of an income tax return. (Section 6653(a) of the Internal Revenue Code)	
3705	If any part of any underpayment of any tax is due to negligence or intentional disregard of rules and regula- tions, a penalty is imposed. There has been added to the tax an amount as computed in the attached schedule. (Section 6653(a) of the Internal Revenue Code)	
3706	Because you did not report all taxable income, a 5 percent negligence penalty has been asserted. (Section 6653(a) of the Internal Revenue Code)	
3707	Because of negligence in filing your return, we have added a 5 percent penalty. (Section 6653(a) of the Internal Revenue Code)	
3708	Since part of the deficiency for the year is apparently due to fraud with intent to evade tax, a 50 percent penalty is added to the proposed deficiency. (Section 6653(b) of the Internal Revenue Code)	
3709	A 50 percent penalty is added to the proposed deficiency because of your apparent falsification of infor- mation, records, canceled checks, receipts or deductions claimed on your income tax return. <i>(Section 6653(b)</i> of the Internal Revenue Code)	
3710	Since you did not pay the required estimated tax within the time prescribed by law, a penalty of 6 percent of the underpayment for the period of the underpayment has been added to the tax.	
3711	Since you did not pay estimated tax within the time prescribed by law, an addition to the tax has been asserted. See the attached statement. (Section 6654 of the Internal Revenue Code)	
3712	Since the amount of estimated tax you paid was less than the amount required to be paid, a penalty of 6 percent of the underpayment for the period of the underpayment has been added to the tax. (Section 6654(a) of the Internal Revenue Code)	
3713	A penalty of 50% of the additional Federal Insurance Contribution Act (FICA) tax due has been added to the tax because you failed to report received tips to your employer (Section 6652(c), Internal Revenue Code).	

SWR AUD - 1131 (REV. 10-72)

## Department of the Treasury Internal Revenue Service

# Privacy Act Notification Pub. 876 (9-75)

The Privacy Act of 1974 provides that each Federal Agency inform individuals, whom it asks to supply information, of the authority for the solicitation of the information and whether disclosure of such information is mandatory or voluntary; the principal purpose or purposes for which the information is to be used; the routine uses which may be made of the information; and the effects on the individual of not providing the requested information. This notification applies to the U.S. Individual Income Tax Returns, to declarations of estimated tax, to U.S. Quarterly Gift Tax Returns, and to any other tax return required to be filed by an individual, and to schedules, statements, or other documents related to the returns, and any subsequent inquiries necessary to complete, correct, and process the returns of taxpayers, to determine the correct tax liability and to collect any unpaid tax, interest, or penalty.

The Internal Revenue Code requires every person liable for any tax imposed by the Code to make a return or statement according to the forms and regulations prescribed by the Internal Revenue Service (sections 6001 and 6011 and the Regulations pertaining thereto). Individuals required to make returns, statements, or other documents shall include their Social Security Numbers to provide proper identification and to permit processing the returns (section 6109 and the Regulations pertaining thereto).

The principal purpose for soliciting tax return information is to administer the Internal Revenue laws of the United States. This includes the determination and collection of the correct amount of tax. In addition, with respect to U.S. Individual Income Tax Returns, IRS is soliciting information concerning place of residence for the Bureau of the Census for revenue-sharing and other Census purposes. The completion of all appropriate items requested by the return forms and related data is mandatory except for the Presidential Election Campaign Fund designation on the U.S. Individual Income Tax Returns, which is voluntary.

The Code provides penalties for failure to file a return, failure to supply information required by law or regulations, failure to furnish specific information required on return forms or for furnishing fraudulent information. Other effects of not providing all or part of the requested information may include the disallowance of claimed exemptions, exclusions, credits, deductions, or adjustments resulting in increased tax liability, the loss of Social Security credits, loss or delay in issuance of a refund for overpayment, interest and penalty charges on unpaid taxes, and other disadvantages to the taxpayer.

The routine uses which may be made of tax return information include disclosure to the Department of Justice in connection with actual or potential criminal prosecution or civil litigation; to other Federal Agencies; to States, the District of Columbia, the Commonwealth of Puerto Rico, or possessions of the United States to assist in the administration of their tax laws; to other persons in accordance with and to the extent permitted by law and regulations; and to foreign governments in accordance with treaties.

Further information concerning the requirements for filing returns and furnishing information may be obtained from any Internal Revenue Service office.

This will be the principal notification under the Privacy Act of 1974 concerning the solicitation of information in connection with any tax return or tax liability of an individual. Additional notices may be given (but are not required) with respect to specific information requests during the course of tax administration activities such as audit, investigation or collection of any tax, interest, or penalty. Please retain this notification with your tax records and refer to it any time you are requested to furnish additional information.

Pub. 876 (9-75)

Department of the Treesury Internal Revenue Service Center Date of This Notice NOV. 15, 1976 Taxpayer Identifying Number AUSTINA TXA 78740 If you inquire about 439-14-7488 OH ■ your account,please refer to these num-7644 Document Locator Number bers or attach this 72247-270-02538-6 Inotice. JIM & LEAH GARRISON 710 CARONDELET ST Form Number Tax Period 1040 DEC. 31. 1974 NEW ORLEANS LA - 70130 2 STATEMENT OF ADJUSTMENT TO YOUR ACCOUNT OVERPAYMENT ON ACCOUNT BEFORE ADJUSTMENT \$153.97 ADJUSTMENT COMPUTATION TAX- INCREASE CREDITS+ INCREASE INTEREST CHARGE NET ADJUSTMENT CHARGE 153.97 100.00 5.05 59562 OVERPAYMENT \$94435 YOUR TAX REBATE HAS BEEN RECOMPUTED BECAUSE OF THIS ADJUSTMENT. 6-75) FORM 4188 (Part 2) (Rev. The numbers at the left identify the codes on the back of this notice that provide further explanations and instructions.

Internal Revenue Service Center Southwest Region

Department of the Treasury

Date: MAY 0 4 1977

▷ Mr. Jim Garrison

Tax Year Ended: December 31, 1975

 $\Box$ 

Deficiency: \$234.28 Penalty-Section 6651(a) IRC: \$11.71 Person to Contact: E. Shell

> Contact Telephone Number: 512-397-7823 This is not a toll-free number

439-14-7488

Dear Mr. Garrison:

710 Carondelet Street

New Orleans, LA 70130

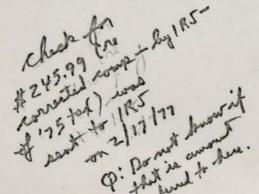
This letter is a NOTICE OF DEFICIENCY-as required by law--that we have determined the income tax deficiency shown above. We regret we have been unable to reach a satisfactory agreement in your case. The enclosed statement shows how the deficiency was computed.

If you do not intend to contest this determination in the United States Tax Court, please sign and return the enclosed Short-Form Statutory Notice Statement. This will permit an early assessment of the deficiency and limit the accumulation of interest. The enclosed self-addressed envelope is for your convenience.

If you decide not to sign and return the statement, the law requires that after 90 days from the date of mailing this letter (150 days if this letter is addressed to you outside the United States) we assess and bill you for the deficiency. However, if within the time stated you contest this determination by filing a petition with the United States Tax Court, 400 Second Street, N.W., Washington, D.C. 20217 we may not assess any deficiency and bill you until after the Tax Court has decided your case. The time in which you may file a petition with the Court (90 or 150 days, as the case may be) is fixed by law, and the Court cannot consider your case if your petition is filed late.

The United States Tax Court has a simplified procedure for handling cases where the disputed portion of the deficiency does not exceed \$1,500. You can obtain information on this special procedure, as well as a copy of the rules for filing a petition with the Tax Court, by writing to the Clerk of the Tax Court at the address shown in the third paragraph of this letter.

If you have any questions, please contact the person whose name and telephone number are shown above.



Enclosures: Statement Envelope

P. O. Box 1231, Austin, Texas 78767

Sincerely yours,

W. E. Williams, Acting Commissioner

L. E. Semick

L. E. Semrick Director, Service Center

Form RSC-531 (Rev. 11-74)

AC

	Department of the Treasury - Internal	Revenue Service	Symbols
Form 4089 (Rev. March 1976)	Statutory Notice Statemen	t - Waiver	MAY. 0 4 1977
Name and Address of Taxpayer(s)			J
Jim Garrison 710 Garondelet Street New Orleans, LA 70130	439-14-7		•
Kind of Tax	Copy to Authorized Representative		
	*		
	Defic	iency	
Taxable Year Ended	Increase in Tax		Penalties
December 31, 1975	\$234.28 In additio	n to the tax	\$11.71 Section 6651(a IRC
ince your income tax r ot shown that such fai proposed.	eturn was not filed within th lure was due to reasonable ca See the attached explanation for the a	use, the delinque PLEASE RETUR	ency penalty has been IN A COPY OF THIS

I consent to the immediate assessment and collection of the deficiencies (increase in tax and penalties) shown above, plus any interest provided by law.

•			Date
>	4		Date
Ву		Title	Date

#### Note:

If you consent to the assessment of the amounts shown in this waiver, please sign and return it in order to limit the accumulation of interest and expedite our bill to you. Your consent will not prevent you from filing a claim for refund (after you have paid the tax) if you later believe you are so entitled; nor prevent us from later determining, if necessary that you owe additional tax; nor extend the time provided by law for either action.

If you later file a claim and the Internal Revenue Service disallows it, you may file suit for refund in a district court or in the United States Court of Claims, but you may not file a petition with the United States Tax Court.

#### Who Must Sign

If you filed jointly, both you and your spouse must sign. If the taxpayer is a corporation this waiver must be signed with the corporate name followed by the signatures and titles of the officers authorized to sign.

Your attorney or agent may sign this waiver provided this action is specifically authorized by a power of attorney which, if not previously filed, must accompany this form.

If this waiver is signed by a person acting in a fiduciary capacity (for example, an executor, administrator, or a trustee), Form 56, Notice of Fiduciary Relationship, should, unless previously filed, accompany this form.

If you agree, please sign one copy and return it; keep the other copy for your records.

Form 4089 (Rev. 4.76)

	Department of the Treasury - Internal Revenue Service	Symbols
Form 4089 (Rev. March 1976)	Statutory Notice Statement - Waiwer	MAY 0 4 1977
Name and Address of Taxpayer(s)		
Jim Garrison 710 Carondelet Street New Orleans, LA 7013		
Kind of Tax	Copy to Authorized Representative	
		· · · ·
Income		
	Deficiency	
Taxable Year Ended	Increase in Tax	Penalties
December 31, 1975	\$234.28 In addition to the tax	\$11.71 Section 6651(a

Since your income tax return was not filed within the time prescribed by law and you have not shown that such failure was due to reasonable cause, the delinquency penalty has been proposed. PLEASE RETURN A COPY OF THIS LETTER WITH YOUR REPLY.

I consent to the immediate assessment and collection of the deficiencies (increase in tax and penalties) shown above, plus any interest provided by law.

	Þ		Date
amoulio	Þ		Date
	<sup>Ву</sup>	Title	Date

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Form 4089 (Rev. March 1976)	Statutory Notice Statement - Waiwer	MAY' 0 4 1977
Name and Address of Taxpayer(s	)	and the second
Jim Garrison 710 Carondelet Stree New Orleans, LA 701.		
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	Deficiency	
Taxable Year Ended	Increase in Tax	Penalties

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I consent to the immediate assessment and collection of the deficiencies (increase in tax and penalties) shown above, plus any interest provided by law.

		* •	Date
			Date
Ву	•	Title	Date

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If you agree, please sign one copy and return it; keep the other copy for your records.

Form 4089 iRev. 4.761

Internal Revenue Service Center Southwest Region

Date: MAY 0 4 1977

▷ Mr. Jim Garrison

Department of the Treasury

Tax Year Ended: December 31, 1975

Deficiency: \$234.28 Penalty-Section 6651(a) IRC: \$11.71 Person to Contact: E. Shell

> Contact Telephone Number: 512-397-7823 This is not a toll-free number

439-14-7488

Dear Mr. Garrison:

710 Carondelet Street

New Orleans, LA 70130

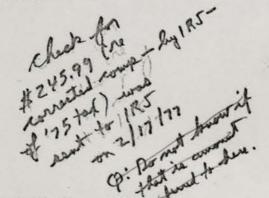
This letter is a NOTICE OF DEFICIENCY-as required by law-that we have determined the income tax deficiency shown above. We regret we have been unable to reach a satisfactory agreement in your case. The enclosed statement shows how the deficiency was computed.

If you do not intend to contest this determination in the United States Tax Court, please sign and return the enclosed Short-Form Statutory Notice Statement. This will permit an early assessment of the deficiency and limit the accumulation of interest. The enclosed self-addressed envelope is for your convenience.

If you decide not to sign and return the statement, the law requires that after 90 days from the date of mailing this letter (150 days if this letter is addressed to you outside the United States) we assess and bill you for the deficiency. However, if within the time stated you contest this determination by filing a petition with the United States Tax Court, 400 Second Street, N.W., Washington, D.C. 20217 we may not assess any deficiency and bill you until after the Tax Court has decided your case. The time in which you may file a petition with the Court (90 or 150 days, as the case may be) is fixed by law, and the Court cannot consider your case if your petition is filed late.

The United States Tax Court has a simplified procedure for handling cases where the disputed portion of the deficiency does not exceed \$1,500. You can obtain information on this special procedure, as well as a copy of the rules for filing a petition with the Tax Court, by writing to the Clerk of the Tax Court at the address shown in the third paragraph of this letter.

If you have any questions, please contact the person whose name and telephone number are shown above.



Enclosures: Statement Envelope

P. O. Box 1231, Austin, Texas 78767

Sincerely yours,

W. E. Williams, Acting Commissioner

L. E. Semrick

Director, Service Center

Form RSC-531 (Rev. 11-74)

Service Center	Person to Contact Contact Telephone Number
PLOS BOX 1231 Service supervisit lan AUSTIN TX 78727 results on a vis official of testavori restants in sult official to solution a turk also solution in official to solution a turk also official turk also official to solution a turk also official turk	Date Social Security Number
710 CARONDELET ST NEW ORLEANS LA 10140	Form Number Tax Year Ended

#### Dear Taxpayer:

In processing your tax return for the above year, we identified certain items which appear to be unallowable by law. We are therefore proposing a correction that will increase your tax as follows:

Total tax after correction Tax shown on return or correction notice	\$ 3.470.48	UL	
Increase in tax	\$ 234.28 .00 234.28	~.	
	11 71 245.99	-	

If you agree with our figures, please *sign the consent statement* on the back of this letter and return it to us promptly. You may pay the additional tax now, if you wish, and limit the accumulation of interest; otherwise, we will bill you. To pay now, send us your check or money order, payable to the Internal Revenue Service, with your signed consent.

If you do not agree, please *give your reasons* on the back of this letter; attach any other explanatory material you may want us to have; and mail the information to the address shown on this letter. If your explanation is satisfactory, we will accept your return without change. If your explanation is unsatisfactory, we will advise you by letter and explain your appeal rights.

Please let us hear from you within 15 days, or we will have to process your return using the information we have. We have enclosed a self-addressed envelope for your convenience, and a copy of this letter up for your records.

Thank you for your cooperation.

Sincerely yours,

Chief, Service Center Audit Division

### **REASONS FOR CORRECTION:**

3701 81.1

YOUR MEDICAL EXPENSE DEDUCTION. REPORTED ON SCHEDULE A. HAS BEEN ADJUSTED BECAUSE THE LAW ALLOWS YOU TO INCLUDE IN MEDICAL EXPENSES ONLY THAT PART OF MEDICINE AND DRUG EXPENSES EXCEEDING I PERCENT OF YOUR ADJUSTED GROSS INCOME. REGARDLESS OF YOUR AGE. AND ONLY THAT PART OF MEDICAL AND DENTAL EXPENSES EXCEEDING 3 PERCENT OF YOUR ADJUSTED GROSS INCOME. YOU MAY DEDUCT HALF OF YOUR MEDICAL INSURANCE PREMIUM WITHOUT REGARD TO THE 3 PERCENT RULE. BUT THIS DEDUCTION MAY NOT EXCEED \$150. YOU MAY ADD THE REMAINDER OF YOUR PREMIUM TO YOUR OTHER MEDICAL AND DENTAL EXPENSES TO DETERMINE HOW MUCH YOU MAY DEDUCT UNDER THE 3 PERCENT RULE. (SECTION 213 OF THE INTERNAL REVINUE CODE) SEE PUBLICATION 502. PLEASE RETURN A COPY OF THIS BB38.00 LETTER WITH YOUROMEDICA.

# 15 If you agree, please sign this request. If you do not agree, please follow the instructions on front.

# Consent to Assessment and Collection.

I do not wish to exercise my appeal rights with the Internal Revenue Service or to contest in the United States Tax Court the findings in this letter. Therefore, I give my consent to the immediate assessment and collection of the additional tax due shown in this letter, plus any interest provided by law. Also, I waive the requirement under section 6532(a)(1) of the Internal Revenue Code that a notice of claim disallowance be sent to me by certified mail for any overpayment shown in this letter.

Your Signature	Spo	suse's Signature If a Joint Return Was Filed	Date
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	Department of the Treasury - Internal Revenue Servic	e Symbols
Form 4089	Statutory Nation Statement Wainer	
(Rev. March 1976)	Statutory Notice Statement - Waiwer	MAY 0 4 1977
Name and Address of Taxpayo	er (s)	
Jim Garrison	439-14-7488	And Ander • And I and And
710 Carondelet Stre	eet	
New Orleans, LA 70	0130 SC Austin	
Kind of Tax	Copy to Authorized Representative	
Income		
ncome	Deficiency	•
		Penalties

Since your income tax return was not filed within the time prescribed by law and you have not shown that such failure was due to reasonable cause, the delinquency penalty has been proposed. PLEASE RETURN A COPY OF THIS See the attached explanation for the above deficiencies

I consent to the immediate assessment and collection of the deficiencies (increase in tax and penalties) shown above, plus any interest provided by law.

	Þ	•	Date
Signature	Þ		Date
S	By	Title	Date

#### Note:

If you consent to the assessment of the amounts shown in this waiver, please sign and return it in order to limit the accumulation of interest and expedite our bill to you. Your consent will not prevent you from filing a claim for refund (after you have paid the tax) if you later believe you are so entitled; nor prevent us from later determining, if necessary that you owe additional tax; nor extend the time provided by law for either action.

If you later file a claim and the Internal Revenue Service disallows it, you may file suit for refund in a district court or in the United States Court of Claims, but you may not file a petition with the United States Tax Court.

#### Who Must Sign

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Your attorney or agent may sign this waiver provided this action is specifically authorized by a power of attorney which, if not previously filed, must accompany this form.

If this waiver is signed by a person acting in a fiduciary capacity (for example, an executor, administrator, or a trustee), Form 56, Notice of Fiduciary Relationship, should, unless previously filed, accompany this form.

If you agree, please sign one copy and return it; keep the other copy for your records.

Form 4089 (Rev. 4.76)

	Department of the Treasury Internal Revenue				
	Service Center				
	P.O. BOX 2925 AUSTIN, TX. 78788		Date of This Notice JULY 11, 1977	22 Arry Consulto	
			Taxpayer Identifying Number 439-14-7488 OH	If you inquire ab	ease
	JIM GARRISON		72247-166-00348-7		this
	NEW ORLEANS LA 70130		Form Number Tax Period 1040 DEC. 31		
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SWR AUD - 1 (REV, 10-7			
81.	PENALTIES	** •• •	
A 81.1	Since you did not file your return within the time prescrib was due to reasonable cause, a penalty of 5 percent is adde (but not to exceed a total of 25 percent) for which your r Revenue Code.	ed to the tax for each month or part of a month	
81.2	Since you did not pay the income tax within the time pres failure was due to reasonable cause, a penalty of 1/2 perce month (but not to exceed a total of 25 percent) during wh of the Internal Revenue Code.	nt is added to the tax for each month or part of a	
81.3	Since the underpayment of tax is due to negligence or inte of 5 percent of the underpayment is added to the tax. See	ntional disregard of rules and regulations, a penalty e section 6653(a) of the Internal Revenue Code.	
81.4	Since all or part of the underpayment of tax required to be 50 percent of the underpayment is added to the tax. See a Because no part of the underpayment is due to fraud on the does not apply to your spouse.	section 6653(b) of the Internal Revenue Code.	
81.5	Since you did not pay sufficient estimated tax, an addition ing computation. See section 6654(a) of the Internal Rev	to the tax is charged as shown in the accompany- enue Code.	
81.6	Since you did not pay sufficient estimated tax, an addition computation. See section 6655(a) of the Internal Revenue	to the tax is charged as shown in the accompanyin Code.	
81.7	Since you did not report tips to your employer for FICA (a addition to the tax of 50 percent of the FICA taxes which See section 6652(c) of the Internal Revenue Code.	social security) tax purposes, the law requires an is imposed on the amount of the unreported tips.	
81.8	Since all or part of the underpayment of tax required to be 50 percent of the underpayment is added to the Tax. See	shown on your return is due to fraud, a penalty o section 6653(b) of the Internal Revenue Code.	
81.9	Since the fraud penalty is applicable, we have eliminated th	e previously charged delinquency penalty.	
81.10	Since you did not file your return within the time prescribe a penalty of 4.5 percent has been added to the tax for each was late. This penalty cannot exceed 22.5 percent, because will be charged at a later date. See section 6651 of the Inte	month or part of a month for which your return a failure to pay penalty of $1/2$ percent a month	

SWR AUD - 1131 (REV. 10-75)

-16

SWR AUD - 11 (REV. 10-7			
81.	PENALTIES		
R 81.1	Since you did not file your return within the time prescribed by law, and you did not show that such failure was due to reasonable cause, a penalty of 5 percent is added to the tax for each month or part of a month (but not to exceed a total of 25 percent) for which your return was late. See section 6651(a) of the Interna Revenue Code.		
81.2	Since you did not pay the income tax within the time prescribed by law, and you did not show that such failure was due to reasonable cause, a penalty of $1/2$ percent is added to the tax for each month or part of a month (but not to exceed a total of 25 percent) during which such failure continues. See section $6651(a)(2)$ of the Internal Revenue Code.		
81.3	Since the underpayment of tax is due to negligence or intentional disregard of rules and regulations, a penalty of 5 percent of the underpayment is added to the tax. See section 6653(a) of the Internal Revenue Code.		
81.4	Since all or part of the underpayment of tax required to be shown on a return is due to fraud, a penalty of 50 percent of the underpayment is added to the tax. See section 6653(b) of the Internal Revenue Code. Because no part of the underpayment is due to fraud on the part of your spouse, this addition to the tax does not apply to your spouse.		
81.5	Since you did not pay sufficient estimated tax, an addition to the tax is charged as shown in the accompany- ing computation. See section 6654(a) of the Internal Revenue Code.		
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81.7	Since you did not report tips to your employer for FICA (social security) tax purposes, the law requires an addition to the tax of 50 percent of the FICA taxes which is imposed on the amount of the unreported tips. See section 6652(c) of the Internal Revenue Code.		
81.8	Since all or part of the underpayment of tax required to be shown on your return is due to fraud, a penalty of 50 percent of the underpayment is added to the Tax. See section 6653(b) of the Internal Revenue Code.		
81.9	Since the fraud penalty is applicable, we have eliminated the previously charged delinquency penalty.		
81.10	Since you did not file your return within the time prescribed by law, and you did not show reasonable cause, a penalty of 4.5 percent has been added to the tax for each month or part of a month for which your return was late. This penalty cannot exceed 22.5 percent, because a failure to pay penalty of 1/2 percent a month will be charged at a later date. See section 6651 of the Internal Revenue Code.		

...

# If you agree, please sign this request. If you do not agree, please follow the instructions on front.

X

## Consent to Assessment and Collection.

I do not wish to exercise my appeal rights with the Internal Revenue Service or to contest in the United States Tax Court the findings in this letter. Therefore, I give my consent to the immediate assessment and collection of the additional tax due shown in this letter, plus any interest provided by law. Also, I waive the requirement under section 6532(a)(1) of the Internal Revenue Code that a notice of claim disallowance be sent to me by certified mail for any overpayment shown in this letter.

Spouse's Signature If a Joint Return Was Filed Your Signature Date Tak shows a subscription of the solution of th 141 Plane let ar easy through the first of the second line of the second ic.

SWR AUD - 11 (REV. 10-7				
81.	PENALTIES			
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81.4	Since all or part of the underpayment of tax required to be shown on a return is due to fraud, a penalty of 50 percent of the underpayment is added to the tax. See section 6653(b) of the Internal Revenue Code. Because no part of the underpayment is due to fraud on the part of your spouse, this addition to the tax does not apply to your spouse.			
81.5	Since you did not pay sufficient estimated tax, an addition to the tax is charged as shown in the accompany- ing computation. See section 6654(a) of the Internal Revenue Code.			
81.6	Since you did not pay sufficient estimated tax, an addition to the tax is charged as shown in the accompanyin computation. See section 6655(a) of the Internal Revenue Code.			
81.7	Since you did not report tips to your employer for FICA (social security) tax purposes, the law requires an addition to the tax of 50 percent of the FICA taxes which is imposed on the amount of the unreported tips. See section 6652(c) of the Internal Revenue Code.			
81.8	Since all or part of the underpayment of tax required to be shown on your return is due to fraud, a penalty o 50 percent of the underpayment is added to the Tax. See section 6653(b) of the Internal Revenue Code.			
81.9	Since the fraud penalty is applicable, we have eliminated the previously charged delinquency penalty.			
81.10	Since you did not file your return within the time prescribed by law, and you did not show reasonable cause, a penalty of 4.5 percent has been added to the tax for each month or part of a month for which your return was late. This penalty cannot exceed 22.5 percent, because a failure to pay penalty of 1/2 percent a month will be charged at a later date. See section 6651 of the Internal Revenue Code.			

SWR AUD - 1131 (REV. 10-75)

BNO THE BANK OF NEW ORLEANS, AND TRUST COMPANY NEW ORLEANS, LOUISIANA 4/12 19 76 650 and a \$ 1,000,00 PAY TO THE DOLLARS JIM GARRISON ATTORNEY AT LAW E top FOR tan for 1975. Jarrisin -1:06 50 007 21:3 - 22 1044 (W ,\*0000 100000.\*\*

BNO THE BANK OF NEW ORLEANS. 4/12 19.76 650 \$ 1,000.00 PAY TO THE ORPER OF\_ Revenue 5 amia DOLLARS JIM GARRISON timate of EA ATTORNEY AT LAW FOR tax for 1975. Jarrison -1:06 50 00 7 21: 1 12 1044 (III ,'0000100000,'

JIM GARRISON Re: 1973 Ancome Tat, LEGAL EXPENSES DEDUCTION) advance to Wm. Wessell (atty at faw) for costs re lawsmit (Herrison on Hotel Dien), 1/17/73: - \$ 50.00 advance, for expenses, to F. Fee Barby and Mark Kadial, attorneys, (re defense of U.S. ~ Darrison), 7/13/63: -# 600.00 Further payment, to cover expenses, to F. Le Bailey + Morth Kalish, altomery (ne defense of V.S. no Harrison ), 7/27/073:) 9-16000. -Cost of franscript (Nash testiming) ne U.S.m. Harrian), 8/29/73: -\$460, -Last of expert writness, Dr. Jours Sereturan : # 587.00 · Additional expenses re expert wither : -\$150.00 · Witness for + miliage, for writing (, Harmen -# 21, ~ • Far to Cart, U.S. Ct of appealer, 9/27/73 -# 25. ~ · advance to atty foris Markinge, 10/1/73 -\$44.00 Loste re Royal Orleans ( room + expension · during trial, across streat at court-house) -#124.39 (seems caus) · Expanses re pre-trial proceedings, atty Mars Kadrid =# 500." · Cost of expect writing, Harold Typiset, (2509 Pacific Aronne, San Francisco nois ) for U.S. vo Harrison ) Sept, 1973: -#2,50 TOTAL LEGAL - #11,061.5 EXPENSES INCURRED . FOR YEAR 1973:

JIM GARRISON Re: 1973 Decomo Tat, LEGAL EXPENSES DEDUCTION) advance to Wm. Wessell (alty at Law) for costs re lawsnit (Herrism me Hotel Dien), 1/17/73: - \$50.00 alvance, for expresses, to F. Fee Bailey and Mark Kadial, attorneys, (ne I fense of U.S. re Darrison, 7/13/63: - \$ 600,00 Further payment, to cover expenses, to F. Le Bailey + Mark Kadish, altomery (re defense of U.S. no Harrison ), 7/27/073:) > - \$6000. --Cost of francougat (Nach testiming) ne U.S.m. Harris, 8/29/73: -\$460, Lost of expert witness, Dr. Jours Derstrom : \$ 587.00 · Additional expenses re expert interes : -\$150. · Witness for + miliage, for witness (. Harmen -# 21. ~ · For to Cark, U.S. Ct of appeale, 9/27/73 -# 25. ~ · Advance to Otty Foris Mardige, 10/1/73 -\$44.08 · Loste re Royal Orleans (room + expense · during trial, across streat at court-house) -\$124.59 · Expenses no pro-trial proceedings, atty Mars Kadish = \$ 500." · Cost of expect witness, Harold Typist, (2509 Pacific Aronne, San Fran California ) for U.S. va Harrison ) Sept, 1973: -#2,50 LEGAL - # 11,061.5 TOTAL FOR YEAR 1973:

17PE	st na -e. initial & last name (if joint rature, use first names & middle initials of both)	Your Social Security Number 439 14 7488 Spouso's Soc Soc. Number	197
TOR	710 CARONDELET (State) (21Pco	ade) Your Occupation	OR OTHER TAXABLE
LEASE P	N.J. LA. 72130	Spouse Decupation	Begun
Z	CHECK HERE IF NAME OF ADDRESS ON LAST YEAR'S RETURN IS DIFFERENT FROM AE	BOVE	Ended
IF	NOT A RESIDENT OF LOUISIANA. ENTER STATE OF RESIDENCY		
	CHECK ONLY FILING STATUS ONE BOX COPY THIS INFORMATION FROM YO	UR FEDERAL RETURN	. S. g. Side
	1 X Single		
	2 Married filing joint return (even if only one had income)		
	3 Married filing separately. If spouse is also filing give spo in designated space above and enter full name here	ouse's social security number	
	4 Unmarried Head of Household		
	5 Qualifying widow(er) with dependent child (Year spouse	e died 19)	
	6 COPY HERE THE TOTAL NUMBER YOU ENTERED ON LINE		
	6 CONTINENT INE TOTAL HOMBER TOO ENTERED ON LINE	7 OF FOOTFEDERAL NETON	6
	Check only Direct from your Fed	deral	1 7.00
7.	FEDERAL INCOME TAX FOR 1975: one box Income Tax return	From Schedule B	7 4122
:8.	YOUR LOUISIANA INCOME TAX (Enter in Box Table No. Used)	(See Step 4)	8 247
9.	LESS CREDITS FROM SCHEDULE A (Complete Schedule A - Sce Step 5) .		. 9
10.	ADJUSTED LOUISIANA INCOME TAX (Subtract Line 9 From Line 8. If Less Th	han Zero. Enter Zero)	10 247
11,	LESS: A. LOUISIANA INCOME TAX WITHHELD IN 1975		1 3 8 2 7 20
	(Attach L-2 or W-2 - See Step 7) B. PAYMENTS ON 1975 DECLARATIONS AND PRIOR YEAR CRE	DITS 115	
	(See Step 7) C. TOTAL PAYMENTS (Add Lines 11A and 11B)		. 110
12.	IF LINE 10 IS LARGER THAN LINE 11C, SUBTRACT LINE 11C FROM LINE AND ENTER BALANCE DUE LOUISIANA (This Amount Must Be Paid With Your	10 AMOUNT	12 247
13.	IF LINE 11CIS LARGER THAN A REFUND	->. 13A	
	LINE 10. ENTER AMOUNT OVER-	have been and the second secon	-
	PAID B. CREDITIO 1970 TAX [130]		



DEPARTMENT OF REVENUE BATON ROUGE, LOUISIANA 70821 R 6455 (R-2-70)

### EXTENSION OF TIME FOR FILING LOUISIANA TAX RETURNS

To be filed in TRIPLICATE with the COLLECTOR OF REVENUE, P. O. Box 201, Baton Rouge, Louisiana 70821 (See instructions on reverse side)

EXTENSION TO BE MAILED TO:

SLYDE D. MERHITT 6661 FLEUR DE LIS DR. MEN ORLEANS, LA. 70124 JIN GARRISON 6661 FLEUR DE LIS DR. NEW ORLEANS, LA. 70124

NAME AND ADDRESS OF APPLICANT:

- Julia -1-1/ -

SOCIAL SECURITY NUMBER 4390=14-7488

APPLICATION IS MADE FOR AN EXTENSION OF TIME WITHIN WHICH TO FILE THE FOLLOWING LOUISIANA TAX RETURN PERIOD COVERED BY RETURN EXTENSION REQUESTED TO KIND OF TAX (INCOME, FRANCHISE, SALES, ETC.) INCOME - INDIVIDUAL 12-31-75 9-15-76 TIME FOR FILING SEP 15 1976 PPRO ERT. DS REVEN ANDIVIOUAL NCOME TAX OF LA THIS EXTENSION IS NECESSARY FOR THE FOLLOWING REASONS: THE BUSY SCHEDULE OF THE APPLIJANT, THE NATURE OF THE TAX REFORM AND AN APPLIJATION HAS BEEN FILED WITH THE INTERNAL REVENUE SERVICE, SEE ATTACHED. SIGNATUROOF APPLICANT OR AGENT DATE D. 1-170 nen an

Interest at 6% per annum is due on the total tax due from the original due date of the return until paid



Department of the Treasury			
Internal Revenue Service Center			
Service Center		Date of This Notice 21	
AUSTIN: TX. 78740		NOV. 1, 1976 Taxpayer Identifying Number	
OH 7642		439-14-7488OHDocument Locator Numberyour account,please72247-263-02038-6If you inquire aboutIf you inquire aboutyour account,pleaserefer to these numbers or attach this7000000000000000000000000000000000000	
JIM & LEAH Z GARRISON 710 CARONDELET ST NEW ORLEANS LA 70130		Form Number Tax Period 1040 DEC. 31, 1973	
		adjustice will entry investigate a many printing to an entry of the second seco	
		no z 2 - no g is training a competent - to ow Cr and instanting of	
STATEMENT OF ADJU	STME	NT TO YOUR ACCOUNT	
OVERPAYMENT ON ACCOUNT BEFORE	ADJU		
ADJUSTME	NT C	OMPUTATION	
TAX- INCREASE		386.14	
INTEREST CHARGE NET ADJUSTMENT CHARGE		52.92 439.06	
OVERPAYMENT		\$309.55	
		Of A contains and been added brockups while there is up which not becomed by your bank. For characteristics as any which perturbs is \$5 or \$5,000 at its case, extrement to present to \$5,000 at 10 to \$5,000 at its one entry and the phones for	
		Applie of teas over 12, the penalty is any case. Here "Elastic batter of Fernary - Bruas-use: Center," on teas page 5 3. A penalty of to compute of the understald fast has been.	
		A long nord man and more summarial incides mind, and straining A = 10 area and and to be approve of the 2 at a particular and and an anti-attraction of the particular straining and the strain area there as present of these body and second to the the second of the attraction of the second straining and second to the second second of the second second second of the store of the second second second of the second second second of the store of the second	



Department of the Treasury **Internal Revenue Service Center** 

AUSTIN, TX. 78740

OH

-0271450

31

7642

Tax period ended

DEC. 31, 1975

JIM & LEAH Z GARRISON 710 CARONDELET ST NEW ORLEANS LA 70130

Date of This Notice NOV. 1, 1976 Taxpayer Identifying Number 430-14-7488 OH If you inquire about Document Locator Number your account, please refer to these num-72247-263-02038-6 ◀ bers Form Number Tax Period Ended 1040 DEC. 31, 1973

#### OVERPAYMENT APPLIED TO OTHER TAXES

You overpaid the tax reported on the form identified above, and we applied part or all of the overpayment against other taxes you owe. All or part of any interest owed on the overpayment may also have been applied against those other taxes. The total amount applied is shown at right; shown below is a list of your unpaid accounts and the amount we applied to each.

If there is a balance due you of \$1 or more, a refund will be sent to you.

Form

1040

This notice is for your information. It requires no reply.

Amount applied

\$309.55

Your Overpayment to	IRS	\$309.55	
Portion of your overplaccounts.	ayment applie \$ 309	ed to unpaid • 55	
Interest applied to un accounts.	paid	.00	
Total amount applied		309.55	
Amount to be refunded (Any interest due you		•00	
Amount applied	Form	Tax period ended	

Overpayment was applied to these accounts

<sup>c</sup>orm 4356A (Rev. 6-75)

49

SARRISON GARRISON 439-14-7488 1975 RETURN INCOME FOR 1925 (FROM CASH NOTES) 3 2 3 ADDITIONAL FROM LAW PRACTICE 4 4 5 JULY, 75 LAWRENSON CASE 5 133, 32 6 6 L. LARD CASE 200.00 7 7 CASE E. LARD 200.00 8 8 CASE E. WALLACE 66.66 9 9 1,666.66 NORMAN SMITH CASE 1,600.00 JEANNINE COLLINS CASE 11 11 12 12 E. LARD CASE 7/24/75 300.00 13 7/29/75 MILTON VARNADO 500.00 L. LARD CASE 14 14 450,00 8/7/75 15 15 200.00 8/8/75 E. WALLACE 12/5/75 16 ROBERT JONES 16 350.00 17 17 # 5,866.64 18 18 19 19 (SUMMARY OF INCOME) 20 GROSS EARNED INCOME FOR 1975: 20 21 6,693.81 22 AUTIHOR'S ROYALTIES 2,663.93 23 LECTURES LAW PRACTICE (FROM CITECK BOOK). 14,754.43 20,621.0724 24 5,866.64) LAW PRACTICE (FROM CASH NOTES) 25 26 26 27 27 28 28 + 29 29 (MINUS # 2, 558.21 TYPING EXPENSES AND # 196.63 OFFICE FURNITORE, 30 30 31 31 32 \$ 27,223.97 32 > NET EARNER INCOME FOR 1975. 33 34 34 35 35 36 37 38 38 39 39 40 40

INCOME FOR 1975 (ACCORDING TO CHECKBOOK	2:	
. I.	2 3	
FROM AUTHOR'S ROYALTIES		TT
3/3/15 ADVANCE ROYALTIES FOR "TSSE"	4,500.00	
6/2/75 ADDED ADVANCE ROYALTIES FOR "TSSE"	1,536.94	
8/15/75 FROM MAX GARTENBERG FOR "AHOS"	221.55	
11/13/75 FROM MAX GARTENBERG FOR "AHOS"	435.32	
	\$ 6,693.81	
FROM LECTURES		
12/15/25 FOR SPEECH AT ST. LOUIS UNIVERSITY 12/15/75 FOR SPEECH AT MO. WESTERN UNIVERSITY	1,300.00	
(LITIS FOR STEELH AT NO, WESTERN UNIGENITY	# 2,663.93	
FROM LAW PRACTICE	# ~~~~~	
1/9/75 EROM DR. JOSEPH BEASLEY		
(\$5000 CHECK MINUS \$ 1,666.66 THIRD TO TUC	KER	
+ SCHONEKAS - MINUS # 392.66 COSTS PAID BY JG TO	Royac	
ORLEANS DURING BEASLEY TRUL - MINUS \$ 416.73 TRAVE	L WITH	
BEASLEY TO SAN FRANCISCO + \$126. 42 FOR S/F. HOTEL):	2,297.51	
2/4/75 FROM DR. BEASLEY (\$4,000 CHECK MINUS		
# 1,333.33 THIRD TO TUCKER + SCHONEKAS :	2,666.66	
6/18/75 FROM ED LAWRENSON (FOR DIANE LAWRENSON 8/15/75 FROM SHELSTONE:	): 332.32 560.00	
8 [15/75 FROM SHILSTONE: 8 [15/75 FROM VARNADO:	172.94	
8/18/75 FROM ED LAWRENSON:	200.00	
9/19/75 FROM R. PITTMAN (FOR & PITTMAN):	500.00	
9/19/75 FROM CASH RECEIPTS (VARIOUS CRIMINAL CASES		
9/29/75 FROM CASH RECEIPTS (VARIOUS CRIMINAL CASE	5): 1,150.00	
10/8/75 FROM ED LAWRENSON:	200.00	
10/9/15 FROM N. SMITH:	250.00	
10/9/75 FROM R. PITTMAN (FOR L. PITTMAN)	225.00	
10/14/75 FROM MARY JO COOPER	1,500.00	
10/14/75 FROM HORACE BLAIR, IR (RETAINER)	750,00	
	2,000.00 Z00.00	
11/13/75 FROM R. PITTMAN 11/13/75 FROM HORACE BLAIR	750.00	
11/13/75 FROM MORNEE DUNIN	#14,754.43	

100

Sec. 18

Please Print)
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Place	
Stamp	
Here	
	Place Stamp Here

## Attention: Chief Audit Staff

## **Internal Revenue Service Center**

P.O. Box 1231 Austin, Texas 78767